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DEERS/Medical Implementation Plan Business Rules: Eligibility Inquiry for El	nrollment
Event and	Data
Data Flow	Туре
	0=Optional
	R=Required
Eligibility Inquiry for Enrollment	
Person/Family Transaction Type Code	S
Person Type Code	S
Inquiry Person Identifier	S
Person Identifier Type Code	S
Person Last Name	0
Person Birth Date	0
OR	
DEERS Identifier	S
AND	1
HCDP Type Code	R
HCDP Eligibility Inquiry Calendar Date	R

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DEERS/Medical Implementation Plan			
Business Rules: Eligibility Inquiry for Enrollment			
Event and	Data		
Data Flow	Туре		
	0=Optional		
	R=Required		
Eligibility Inquiry for Enrollment Response			
Current Subscriber Information			
DEERS Identifier	1		
Person Identifier			
Person Identifier Type Code	1		
Personnel Category Code			
Service Code			
Pay Plan Code			
Pay Grade Code			
Pay Grade Date			
Rank Code			
Person Death Date			
Unit Identification Code			
Work Location Country Code			
Work Location Postal Region Zip Code			
Work Location Postal Reg Zip Extension Code			
Person Last Name			
Person First Name			
Person Middle Name			
Person Cadency Name			
Person Birth Date			
Person Sex Code			
Mailing Address Date			
Mailing Address Line 1 Text			
Mailing Address Line 2 Text			
Mailing Address City Name			
Mailing Address State Code			
Mailing Address Country Code			
Mailing Address Postal Region Zip Code			
Mailing Address Postal Region Zip Extension Code			
Home Telephone Number Code			
Work Telephone Number Code			
Fax Telephone Number Code			

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DEERS/Medical Implementation Plan Business Rules: Eligibility Inquiry for Enrollment		
Event and		Data
Data Flow		Туре
		0=Optional
		R=Required
		Tt-Ttoquilou
Coverage Plan Enrollment Information:		
HCDP Plan Coverage Code		
HCDP Enrollment Fee Payment Calendar Date		
HCDP Enrollment Fee Payment Paid-Through Calendar Date		
HCDP Enrollment Fee Payment Plan Type Code		
HCDP Enrollment Fee Payment Total Dollar Amount		
HCDP Enrollment Fee Status Code		
Family Prime Enrollment Anniversary Calendar Date		
Family Claims Totals:		
Family Fiscal Year Catastophic Cap Cumulative Amount		
Fiscal Year Code		
Family Prime Enrollment Year Catastophic Cap Cumulative		
Amount		
Family Prime Enrollment Anniversary Calendar Date		
Insured Information		
DEERS Identifier		
Person Association Reason Code		
Person Association Begin Date		
Person Association End Date		
Person Identifier		
Person Identifier Type Code		
Person Last Name		
Person First Name		
Person Middle Name		
Person Cadency Name		
Person Birth Date		
Person Sex Code		
Mailing Address Date		
Mailing Address Line 1 Text		
Mailing Address Line 2 Text		
Mailing Address City Name		
Mailing Address State Code		
Mailing Address Country Code		
Mailing Address Postal Region Zip Code		
Mailing Address Postal Region Zip Extension Code		
Home Telephone Number Code		
Work Telephone Number Code		
Fax Telephone Number Code		
HCDP Information:		
HCDP Type Code		
HCDP Plan Coverage Code		
HCDP Begin Calendar Date	+	
HCDP End Calendar Date		

DEERS/Medical Implementation Plan	
Business Rules: Eligibility Inquiry for E	nrollment
Event and	Data
Data Flow	Туре
	0=Optional
	R=Required
HCDP End Reason Code	
Enrollment Information:	
HCDP Enrollment Management System Name	
HCDP Enrollment Begin Calendar Date	
HCDP Enrollment End Calendar Date	
HCDP Enrollment End Reason Code	
HCDP Individual Enrollment Fee Waiver Reason Code	
PCM Information:	
PCM Region Identifier	
PCM Network Provider Type Code	
PCM Enrolling Division DMIS Identifier	
PCM Identifier	
PCM Identifier Type Code	
PCM Name	
PCM Telephone Number Code	
PCM Selection Begin Calendar Date	
PCM Selection End Calendar Date	
PCM Selection End Reason Code	

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DEERS/Medical Implementation Plan		
Business Rules: Eligibility Inquiry for Enrollment		
Event and	Data	
Data Flow	Туре	
	0=Optional	
	R=Required	
<u>ОНІ</u>		
OHI Carrier Identifier		
OHI Policy Identifier		
OHI Effective Calendar Date		
OHI Expiration Calendar Date		
OHI Last Update Calendar Date		
OHI Last Update System Name		
OHI Medical Coverage Indicator Code		
OHI Dental Coverage Indicator Code		
OHI Inpatient Hospital Coverage Indicator Code		
OHI Outpatient Hospital Coverage Indicator Code		
OHI Long Term Care Coverage Indicator Code		
OHI Pharmacy Coverage Indicator Code		
OHI Mental Health Coverage Indicator Code		
OHI Vision Coverage Indicator Code		
<u>OGP</u>		
OGP Type Code		
OGP Begin Reason Code		
OGP Effective Calendar Date		
OGP Expiration Calendar Date		

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Business Rules	Who Enforces	
	the	Rules
	C=CHCS	M=MCSC
	D=DEERS	3
An Eligibility Inquiry is used for Eligibility for Enrollment only.		
General Eligibility Comments:		
Both person and family eligibility inquiries may be made		
Eligibility for Enrollment inquiries will only show the current Coverage history.		
If the enrollment started within the last annual year,		
then the enrollment segment will be returned as part of an		
Eligibility for Enrollment inquiry.		
If the enrollment was not started within the last annual year,		
then the assinged coverage segment will be returned as part of an		
Eligibility for Enrollment inquiry.		
Required if no DEERS Identifier		
Required if a family inquiry is selected		
Required if no DEERS Identifier		
Required if no DEERS Identifier		
Optional, but recommend to insure correct person identification		
Optional, but recommend to insure correct person identification		
DEERS Identifier required if there is no Person info		
This value will be Health Care		
Current date or up to 6 months in the future		

Business Rules	Who Enforces	
	the Rules	
	C=CHCS D=DEERS	M=MCSC
	D-DELING	
If an eligibility inquiry is requested for a family member, both sponsor and family member person information is returned, including personnel information about the sponsor.		

Business Rules	Who	Who Enforces	
2.00.000 1.000		e Rules	
	C=CHCS		
	D=DEER		
		1	
This information will only be sent if the DEERS assigned coverage plan alls for			
enrollment in a coverage plan that requires a fee payment. CHCBP totals are not shown, since DEERS does not track CHCBP enrollment fees.			
since DEERS does not track CHCBP enrollment fees.			
		<u> </u>	
		1	
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		1	
This value will be Health Care			
		1	

Business Rules		Enforces
	th	e Rules
	C=CHCS	M=MCSC
	D=DEER	S
den en de de en la rella en en en el en		
dependent on health coverage plan		
dependent on health coverage plan		
dependent on health coverage plan		
dependent on health coverage plan		
dependent on health coverage plan		
dependent on health coverage plan		
dependent on health coverage plan dependent on health coverage plan		
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Business Rules	Who E	Inforces
	the Rules	
	C=CHCS	M=MCSC
	D=DEERS	

DEERS/Medical Implementation Plan Business Rules: Coverage Inquiry for MTF	
Event and	Data
Data Flow	Туре
2 4.14 1 1 3 11	0=Optional
	S=Situational
	R=Required
Coverage Inquiry for MTF	
Person/Family Transaction Type Code	R
Person Type Code	S
Inquiry Person Identifier	R
Person Identifier Type Code	R
Person Last Name	0
Person Birth Date	0
OR	
Patient Identifier AND	R
HCDP Type Code	R
Health Care Coverage Inquiry Begin Calendar Date	R
Health Care Coverage Inquiry End Calendar Date	R
Coverage Inquiry for MTF Response	
Current Sponsor Info:	
Patient Identifier	
Person Identifier	1
Person Identifier Type Code	
Personnel Category Code	
Service Code	
Pay Plan Code	
Pay Grade Code	
Pay Grade Date	
Rank Code	
Person Death Date	
Unit Identification Code	
Work Location Country Code	
Work Location Postal Region Zip Code	
Work Location Postal Region Zip Extension Code	

	Who
Business Rules	Enforces
	the Rules
	C=CHCS
	M=MCSC
	D=DEERS
A Coverage Inquiry is used in one of three situations:	
Coverage Inquiry for Claims (detail in claims)	
Coverage Inquiry for Military Treatment Facility	
Coverage Inquiry for Dental Eligibility	
The Coverage Inquiry is based on a date range used for:	
Current coverage, based on a current date of inquiry.	
Future coverage (up to six months from the date of inquiry)	
Past coverage, for a specified date or period in the past.	
4. A date range can be for a single date where the begin date=end date.	
A Coverage Inquiry can provide information on multiple family members	
in a single response.	
Required if no Patient Identifier	D
Required if a family inquiry is selected	D
Required if no Patient Identifier	D
Required if no Patient Identifier	D
Optional, but recommended to insure correct person identification	
Optional, but recommended to insure correct person identification	
Patient ID required if no Person info	D
This value will be 'M' for Medical	D
	D
	D
If a coverage inquiry is requested for a family member, both sponsor and patient information is returned, including personnel information about the sponsor.	

DEERS/Medical Implementation Plan		
Business Rules: Coverage Inquiry for Claims Witho		
Event and	Data	
Data Flow	Туре	
Data i low		
	0=Optional	
	S=Situational	
	R=Required	
Inquiry		
Inquiry		
Person/Family Transaction Type Code	R	
Person Type Code	S	
Inquiry Person Identifier	R	
Person Identifier Type Code	R	
Person Last Name	0	
Person Birthdate	0	
HCDP Type Code	R	
1,55. 1,550 0000		
Health Care Coverage Inquiry Begin Calendar Date	R	
Health Care Coverage Inquiry End Calendar Date	R	
Totals and Locking Option:		
Catastrophic Cap/ Deductible Totals/ Lock Inquiry Type Code	R	
Response		
Sponsor Information:		
DEERS Identifier		
Person Identifier		
Person Identifier Type Code		
Person Last Name		
Person First Name		
Person Middle Name		
Person Cadency Name		
Person Birth Date		
Person Sex Code		
Person Death Date		
Family Member Information:		
DEERS Identifier		
Person Identifier		
Person Identifier Type Code		
Person Last Name		
Person First Name		
Person Middle Name		
Person Cadency Name		
Person Birth Date		
Person Sex Code		
Mailing Address Date		
Mailing Address Line 1 Text		
Mailing Address Line 2 Text		

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Mailing Address City Name			
Mailing Address State Code			
Mailing Address Country Code			
Mailing Address Postal Region Zip Code			
Mailing Address Postal Region Zip Extension Code			
Home Telephone Number Code			
Work Telephone Number Code			
Fax Telephone Number Code			
Health Care Coverage Information:			
HCDP Type Code			H
HCDP Plan Coverage Code			H
Health Care Coverage Enrollment Status Code			H
riediti Gale Coverage Enfoliment Status Code			H
Health Care Coverage Begin Calendar Date			
			T
Health Care Coverage End Calendar Date			
Health Care Coverage End Reason Code			L
Health Care Coverage Copayment Factor Code			
Health Care Coverage Special Entitlement Code (exceptions)			
Health Care Coverage Service Code			
Health Care Coverage Member Category Code			
Health Care Coverage Member Relationship Code			
Health Care Coverage Pay Plan Code			
Health Care Coverage Pay Grade Code			
PCM Information:			
PCM Region Identifier			
PCM Network Provider Type Code			
PCM Enrolling Division DMIS Identifier			
PCM Identifier			
PCM Identifier Type Code			
PCM Name			
PCM Telephone Number Code			
PCM Selection Begin Calendar Date			
PCM Selection End Calendar Date			
PCM Selection End Reason Code			
OHI Information:			
OHI Carrier Identifier			
OHI Policy Identifier			
OHI Effective Calendar Date			
OHI Expiration Calendar Date			
OHI Last Update Calendar Date			Ш
OHI Last Update System Name			
OHI Medical Coverage Indicator Code			
OHI Dental Coverage Indicator Code			
OHI Inpatient Hospital Coverage Indicator Code			
OHI Outpatient Hospital Coverage Indicator Code			
OHI Long Term Care Coverage Indicator Code			
OHI Pharmacy Coverage Indicator Code			Ш
OHI Mental Health Coverage Indicator Code			
OHI Vision Coverage Indicator Code			

OGP Information:	
OGP Type Code	
OGP Begin Reason Code	
OGP Effective Calendar Date	
OGP Expiration Calendar Date	
NAS Information:	
NAS Identifier	
NAS Issuing Facility DMIS Identifier	
NAS Issue Calendar Date	
NAS Cancel Calendar Date	

ut Catastrophic Cap and Deducitible Totals	;
Business Rules	Who Enforces
	the Rules
	C=CHCS
	M=MCSC
	D=DEERS
	D-BLERG
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If Family Inquiry is specified, need Person Type Code	D
in raining inquiry is specified, need refront type dode	D
	D
Optional but recommended for correct person identification	
Optional but recommended for correct person identification Optional but recommended for correct person identification	1
Optional particionimenaea for correct person identification	D
Not more than 3 years past loss of eligibility. Date range or single date	
OK where begin date=end date.	D
No restrictions on end date	D
Indicate if no totals, totals, or totals and locking should be included in	
the response.	D
If a coverage inquiry for claims is requested for a family member, both sponsor and family member person information is returned.	
	<u> </u>
This information will repeat for each person included in the response. For example in a family inquiry, this info would repeat for the sponsor and all associated family members. In a person inquiry (spouse), only spouse information would appear in this section.	
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This info will repeat for each coverage period for each person included		
in the response. If not enrolled in any plan, then the following data will		
be shown: HCDP Type Code, HCDP Plan Coverage Code, Health		
Care Coverage Begin and End Calendar Dates, and Health Care		
Coverage End Reason Code.		
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	П	
Derived by DEERS based on factors that influence a new coverage	H	
	П	
period.	Ц	
Derived by DEERS based on factors that influence a new coverage	П	
period.	П	
Derived by DEERS based on factors that influence a new coverage	Ħ	
period.	П	
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Shows all OHIs in effect for inquiry period, if any.		
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Shows all OGPs in effect for inquiry period, if any.	
Shows all NASs issued and cancelled for inquiry period, if any.	

DEERS/Medical Implementation Plan	
Business Rules: Coverage Inquiry for Claims	With Catas
Event and	Data
Data Flow	Туре
	0=Optional
	S=Situational
	R=Required
Inquiry	
Person/Family Transaction Type Code	R
Person Type Code	S
Inquiry Person Identifier	R
Person Identifier Type Code	R
Person Last Name	0
Person Birthdate	0
HCDP Type Code	R
Health Care Coverage Inquiry Begin Calendar Date	R
Health Care Coverage Inquiry End Calendar Date	R
Total and the Conference	
Totals and Locking Option:	
Catastrophic Cap/ Deductible Totals/ Lock Inquiry Type Code	R
Catastrophic Cap/ Deductible Detail Identifier	S
Catastrophic Cap/ Deductible Detail Type Code	S
7,	
Response	
·	
Sponsor Information:	
DEERS Identifier	
Person Identifier	
Person I dentifier Type Code	
Person Last Name	
Person First Name Person Middle Name	
Person Cadency Name	
Person Birth Date	
Person Sex Code	
Person Death Date	
Family Catastrophic Cap and Deductible Totals:	
Family Fiscal Year Deductible Cumulative Amount	
Family Fiscal Year Catastrophic Cap Cumulative Amount	
Family CHCBP Fiscal Year Catastrophic Cap Cumulative Amount	
Family CHCBP Fiscal Year Deductible Cumulative Amount	
Fiscal Year Code	
Family Prime Enrollment Year Catastrophic Cap Cumulative Amount	
Family POS Enrollment Year Deductible Cumulative Amount	
Family Prime Enrollment Anniversary Calendar Date	
Individual Catastrophic Cap and Deductible Totals:	
Individual Fiscal Year Deductible Cumulative Amount	
Individual CHCBP Fiscal Year Deductible Cumulative Amount	

DEERS/Medical Implementation Plan		
Business Rules: Coverage Inquiry for Claim	ns With C	atas
Event and	Data	1
Data Flow	Туре	
	0=Option	_
	S=Situation	
	R=Requi	
Fiscal Year Code	TK=Requi	iou
Individual POS Enrollment Year Deductible Cumulative Amount		
Individual Prime Enrollment Begin Calendar Date Individual Prime Enrollment End Calendar Date		
individual Prime Enrollment End Calendar Date		
Locking Information:		
Catastrophic Cap/ Deductible Detail Lock Source System Identifier		
Catastrophic Cap/ Deductible Detail Lock Calendar Date		
Catastrophic Cap/ Deductible Detail Lock Time		
Family Member Information:		
DEERS Identifier		
Person Identifier		
Person Identifier Type Code		
Person Last Name		
Person First Name		
Person Middle Name		
Person Cadency Name		
Person Birth Date		
Person Sex Code		
Mailing Address Date		
Mailing Address Line 1 Text		
Mailing Address Line 2 Text		
Mailing Address City Name		
Mailing Address State Code		
Mailing Address Country Code		
Mailing Address Country Code Mailing Address Postal Region Zip Code		
Mailing Address Postal Region Zip Code Mailing Address Postal Region Zip Extension Code		
Home Telephone Number Code		
Work Telephone Number Code		
Fax Telephone Number Code		
Health Care Coverage Information:		
HCDP Type Code		
HCDP Plan Coverage Code		
Health Care Coverage Enrollment Status Code		
Health Care Coverage Begin Calendar Date		
L		
Health Care Coverage End Calendar Date		
Health Care Coverage End Besses Code		
Health Care Coverage End Reason Code		

DEERS/Medical Implementation Plan	
Business Rules: Coverage Inquiry for Claims	With Catas
Event and	Data
Data Flow	Туре
	0=Optional
	S=Situational
	R=Required
Health Care Coverage Copayment Factor Code	
Health Care Coverage Special Entitlement Code (exceptions)	
Health Care Coverage Service Code	
Health Care Coverage Member Category Code	
Health Care Coverage Member Relationship Code	
Health Care Coverage Pay Plan Code	
Health Care Coverage Pay Grade Code	
PCM Information:	
PCM Region Identifier	
PCM Network Provider Type Code	
PCM Enrolling Division DMIS Identifier	
PCM Identifier	
PCM Identifier Type Code	
PCM Name	
PCM Telephone Number Code	
PCM Selection Begin Calendar Date	
PCM Selection End Calendar Date	
PCM Selection End Reason Code	
OHI Information:	
OHI Carrier Identifier	
OHI Policy Identifier	
OHI Effective Calendar Date	
OHI Expiration Calendar Date	
OHI Last Update Calendar Date	
OHI Last Update System Name	
OHI Medical Coverage Indicator Code	
OHI Dental Coverage Indicator Code	
OHI Inpatient Hospital Coverage Indicator Code	
OHI Outpatient Hospital Coverage Indicator Code	
OHI Long Term Care Coverage Indicator Code	
OHI Pharmacy Coverage Indicator Code	
OHI Mental Health Coverage Indicator Code	
OHI Vision Coverage Indicator Code	
OOD lefewertien.	
OGP Information:	
OGP Type Code	
OGP Begin Reason Code	+
OGP Effective Calendar Date	
OGP Expiration Calendar Date	+
NAS Information:	
NAS Information:	
NAS Identifier	
NAS Issuing Facility DMIS Identifier	
NAS Issue Calendar Date NAS Cancel Calendar Date	
INAS Calicel Caleliuai Dale	

Business Rules the Rules C=CHCS M=MCSC D=DEERS The amily Inquiry is specified, need Person Type Code Diptional but recommended for correct person identification Diptional but recommended for correct person indentification Diptional but recommended for correct person identification Diptional but recommended for person identification Diptional but	trophic Cap and Deductible Totals		
the Rules C=CHCS M=MCSC D=DEERS If Family Inquiry is specified, need Person Type Code If Family Inquiry is specified, need Person Type Code Doptional but recommended for correct person identification Diptional but recommended for Diptional But r		Who Enforce	-06
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M=MCSC D=DEERS D=DEERS		++	
DEDEERS Deptional but recommended for correct person identification Deptional but recommended for correct person indentification Deptional but recommended for correct person identification Deptional but recommended for correct person identificat		_	
If Family Inquiry is specified, need Person Type Code Descriptional but recommended for correct person identification Diptional but recommended for correct person identification District more than 3 years past loss of eligibility. Date range or single date District more than 3 years past loss of eligibility. Date range or single date District more than 3 years past loss of eligibility. Date range or single date District more single date. District more singled. District more single date. District more single date. Distr		+ 1	
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If Family Inquiry is specified, need Person Type Code D D D D D D D D D D D D D D D D D D			
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Optional but recommended for correct person identification Optional but recommended for correct person identification Do Not more than 3 years past loss of eligibility. Date range or single date Ok where begin date-end date. Do Not restrictions on end date Do N	If Family Inquiry is specified, need Person Type Code	D	
Optional but recommended for correct person identification Optional but recommended for correct person identification Dottom ore than 3 years past loss of eligibility. Date range or single date OK where begin date=end date. D D No restrictions on end date D D Indicate if no totals, totals, or totals and locking should be included in the esponse. If a lock is requested, this info is required D D If a lock is requested, this info is required D D If a coverage inquiry for claims is requested for a family member, both sponsor and family member person information is returned. If inquirer requests totals, this info will be shown. Zeros will be shown if no totals for inquiry period requested. D D D D D D D D D D D D D D D		++	
Optional but recommended for correct person identification Description of the person past loss of eligibility. Date range or single date DK where begin date=end date. Descriptions on end date Descr		D D	
Not more than 3 years past loss of eligibility. Date range or single date DK where begin date=end date. DD Indicate if no totals, totals, or totals and locking should be included in the esponse. If a lock is requested, this info is required If a lock is requested, this info is required If a coverage inquiry for claims is required If a coverage inquiry for claims is requested for a family member, both sponsor and family member person information is returned. If inquirer requests totals, this info will be shown. Zeros will be shown if to totals for inquiry period requested. D D D D D D D D D D D D D			
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esponse. f a lock is requested, this info is required f a lock is requested, this info is required D f a coverage inquiry for claims is requested for a family member, both sponsor and family member person information is returned. f inquirer requests totals, this info will be shown. Zeros will be shown if no totals for inquiry period requested. D D D D D D D D D D D D D			
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f inquirer requests totals, this info will be shown. Zeros will be shown if no totals for inquiry period requested. D D D D D D D D D D D D D D D D D D			
no totals for inquiry period requested. D D D D D D D D D D D D D D D D D D	If a coverage inquiry for claims is requested for a family member, both sponsor and family member person information is returned.		
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no totals for inquiry period requested. D D D D D D D D D D D D D D D D D D			
no totals for inquiry period requested. D D D D D D D D D D D D D D D D D D			
no totals for inquiry period requested. D D D D D D D D D D D D D D D D D D			
no totals for inquiry period requested. D D D D D D D D D D D D D D D D D D			
D D D D D D D D D D D D D D D D D D D	If inquirer requests totals, this info will be shown. Zeros will be shown if no totals for inquiry period requested.		
D D D D D D D D D D D D D D D D D D D		++	
D D D D D T inquirer requests totals, this info will be shown. Zeros will be shown if no totals for inquiry period requested. D		++	
D D D D f inquirer requests totals, this info will be shown. Zeros will be shown if no totals for inquiry period requested.			
D D D f inquirer requests totals, this info will be shown. Zeros will be shown if no totals for inquiry period requested. D			
f inquirer requests totals, this info will be shown. Zeros will be shown if no totals for inquiry period requested.			
f inquirer requests totals, this info will be shown. Zeros will be shown if no totals for inquiry period requested.			
f inquirer requests totals, this info will be shown. Zeros will be shown if no totals for inquiry period requested.		<u> </u>	
no totals for inquiry period requested. D		<u>υ</u>	
D	If inquirer requests totals, this info will be shown. Zeros will be shown if		
	no totals for inquiry period requested.	<u> </u>	
		<u> </u>	

Business Rules	1 1477 -	
Business Rules	Who Er	
	the R	
	C=CI	
	M=M	
	D=DE	
		,
Lock info will be returned if inquirer placed a lock, or if totals are currently ocked.		
)
)
)
This information will repeat for each person included in the response. For example in a family inquiry, this info would repeat for the sponsor and all associated family members. In a person inquiry (spouse), only spouse information would appear in this section.		
This info will repeat for each coverage period for each person included in the response. If not enrolled in any plan, then the following data will be shown: HCDP Type Code, HCDP Plan Coverage Code, Health Care Coverage Begin and End Calendar Dates, and Health Care Coverage End Reason Code.		
Derived by DEERS based on factors that influence a new coverage period.		
Derived by DEERS based on factors that influence a new coverage period.		
	1	

Business Rules	Who First
Business Rules	Who Enforces
	the Rules
	C=CHCS
	M=MCSC D=DEERS
	D=DEERS
all OHIs in effect for inquiry period, if any.	
an of no monocotor inquity policia, it any.	
s all OGPs in effect for inquiry period, if any.	
s all NASs issued and cancelled for inquiry period, if any.	

DEERS/Medical Implementation Plan	
Business Rules: Dental Inquiry	
Event and	Data
Data Flow	
Data Flow	Туре
	0=Optional
	S=Situational
	R=Required
Coverage Inquiry for Dental Benefits	
Person/Family Inquiry Type Code	R
Person Type Code	0
Person Identifier	R
Person Identifier Type Code	R
Person Last Name	0
Person Birth Date	0
HCDP Type Code	R
Health Care Coverage Inquiry Begin Calendar Date	R
Health Care Coverage Inquiry End Calendar Date	R
Coverage Response	
Current sponsor Info:	
DEERS Identifier	
Person Identifier	
Person Identifier Type Code	
Personnel Category Code	
Service Code	
Pay Plan Code	
Pay Grade Code	
Pay Grade Date	
Rank Code	
Person Death Date	
Unit Identification Code	
Work Location Country Code	
Work Location Postal Region Zip Code	
Work Location Postal Reg Zip Extension Code	
Person Last Name	
Person First Name	
Person Middle Name	
Person Cadency Name	

DEERS/Medical Implementation Plan Business Rules: Dental Inquiry		
Event and	Data	
Data Flow	Туре	
	0=Optional	
	S=Situational	I
	R=Required	
Person Birth Date		
Person Sex Code		
Family Member Information:		
DEERS Identifier		
Person Association Reason Code		
Person Association Begin Date		
Person Association End Date		
Person Identifier		
Person Identifier Type Code		
Person Last Name		
Person First Name		
Person Middle Name		
Person Cadency Name		
Person Birth Date		
Person Sex Code		
Mailing Address Date		
Mailing Address Line 1 Text		
Mailing Address Line 2 Text		
Mailing Address City Name		
Mailing Address State Code		
Mailing Address Country Code		
Mailing Address Postal Region Zip Code		
Mailing Address Postal Region Zip Extension Code		
Home Telephone Number Code		
Work Telephone Number Code		
Fax Telephone Number Code		
HCDP Information:		
HCDP Type Code		
HCDP Coverage Plan Code		
Health Care Coverage Begin Calendar Date		
Health Care Coverage End Calendar Date		
Health Care Coverage End Reason Code		

Business Rules	Who Enforces
	C=CHCS
	M=MCSC
	D=DEERS
A Coverage Inquiry is used in one of three situations:	
Coverage Inquiry for Claims (detail in claims)	
Coverage Inquiry for Military Treatment Facility	
Coverage Inquiry for Dental Eligibility	
The Coverage Inquiry is based on a date range used for:	
Current coverage, based on a current date of inquiry.	
Future coverage (up to six months from the date of inquiry)	1
Past coverage, for a specified date or period in the past.	
A date range can be for a single date where the begin date=end date.	
A Coverage Inquiry can providentifiere information on multiple family members	
n a single response.	
Required if a family inquiry is selected	
Optional, but recommended to insure correct person identification	
Optional, but recommended to insure correct person identification	
f a coverage inquiry is requested for a family member, both sponsor and family member person information is returned, including personnel information about the sponsor.	

Business Rules	Who Enforces the Rules
	C=CHCS
	M=MCSC
	D=DEERS
Can be sponsor or other family member.	
This value will be 'D' for Dental	

DEERS/Medical Implementation Plan								
DEERS/Medical implementation Plan								
Business Rules: Enrollment								
		Coverage Plan	 					
		0=Optional	B=Sub	ne crit	oer I	–Inci	ırad	
		S= Situational	D=Out	Journ	Jei, i	-1113	ureu	
		R=Required	(DC=E	Direc	t Car	e. C'	√=Ci	vilia
			(- 0 -			<u> </u>		
Enrollment								
			 					
			1					
			1					

DEERS/Medical Implementation Plan							
Business Rules: Enrollment							
	Coverage Plan						
	0=Optional	B=Sub	scrib	ber, I	=Ins	ured	
	S= Situational						
	R=Required	(DC=E	Direc	t Car	e, C\	√=Ci	viliar

DEERS/Medical Implementation Plan							
Business Rules: Enrollment							
	Coverage Plan						
	0=Optional	B=Sub	oscri	ber.	l=Ins	ured	
	S= Situational						
	R=Required	(DC=D	Direc	t Ca	re, C	V=C	iviliar
No enrollment required for these plans	Direct Care						
	(a) Direct Care for Ad	tive Dut	y Sp	onso	rs		
	(b) Direct Care for Ad	tive Dut	y Fai	mily N	Иетb	ers	
	(c) Direct Care for Re	etired Sp	onsc	rs ar	nd Fa	mily N	Леть
	(d) Direct Care for Tr	ansitiona	al As	sitano	ce Fa	mily I	Иетb
	(e) Direct Care for Co	ONUS D	oD A	ffiliat	es		
	(f) Direct Care for OC	CONUS	DoD	Affilia	ates		
No enrollment required for these plans	TRICARE Standard						
	(a) TRICARE Standa	rd for Ad	ctive	Duty	Fami	ју Ме	mber
	(b) TRICARE Standa	rd for Su	ırvivo	ors of	f Activ	∕e Du	ty De
	(c) TRICARE Standa	rd for Re	etirea	Spo	nsors	and	Famil
	(d) TRICARE Standa	rd for Tr	ansit	ional	Assis	stance	e Spo
	(e) TRICARE Standa	rd for C	ONU	S Do	D Affi	iliates	;
No enrollment required for this plan	TRICARE Extra						
Enrollment							
Enrollment required for these plans	TRICARE	а	b	С	d	е	f
	(a) TRICARE Remote	e for Act	ive D	uty S	Servic	е Ме	mbers
	(b) TRICARE Prime I	ndividua	I Cov	erag	e for .	Activ	e Duty
	(c) TRICARE Prime I						•
	(d) TRICARE Prime I						
	(e) TRICARE Prime t						
	(f) TRICARE Prime In						
	(g) TRICARE Prime I						
	(h) TRICARE Prime I						
	(i) TRICARE Prime F						
	(j) TRICARE Senior I	rime Ind	dividu	ial Co	overa	ge fo	r Retii

DEERS/Medical Implementation Plan							
Business Rules: Enrollment							
	Coverage Plan						
	0=Optional	B=Sul	oscri	ber, I	l=Ins	ured	
	S= Situational	(DC 1	·	1.0-			:1: -
DEEDO ID (O. L)	R=Required	(DC=I					
DEERS ID (Subscriber)		R	R	R	R	R	R
HCDP Enrollment Fee Payment Calendar Date		N/A	NI/A	N/A	Ν/Δ	s	S
HCDP Enrollment Fee Payment Paid-Through		14// (14// (14// (14// (
Calendar Date		N/A	N/A	N/A	N/A	s	s
HCDP Enrollment Fee Payment Plan Type Code		N/A	N/A	N/A	N/A	S	S
HCDP Enrollment Fee Payment Applied Dollar Amount		N/A	NI/A	N/A	NI/A	S	S
Amount		IN/A	IN/A	IN/A	IN/A	3	3
HCDP Enrollment Fee Payment Exception Reason							
Code		N/A	N/A	N/A	N/A	S	s
Role of Sponsor		B,I		В	В	В	B,I
DEERS ID (Insured)		R	R	R	R	R	R
HCDP Access/Update Code			I.	l-	l-	A	
HCDP Type Code		R	R	R	R	R	R
HCDP Plan Coverage Code		R	R	R	R	R	R
LICER Forelles and Regio Colon day Reda		_			_		
HCDP Enrollment Begin Calendar Date		R	R	R	R	R	R
HCDP Enrollment End Calendar Date		R	R	R	R	R	R
HCDP Individual Enrollment Fee Waiver Reason Code		N/A	N/A	N/A	N/A	N/A	S
PCM Region Identifier		R	R	R	R	R	R
1 On Region Identified		None	 	`	`	11	`
		DC		DC	DC	DC	DC
PCM Network Provider Type Code		CV	DC	CV	CV	CV	CV
PCM Enrolling Division DMIS Identifier		R	R	R	R	R	R
PCM Identifier		S	R	S	S	S	S
PCM Identifier Type Code		S	R	S	S	S	S
PCM Name		S	R	S	S	S	S

DEERS/Medical Implementation Plan								
Business Rules: Enrollment								
	Coverage Plan							
	0=Optional	B=Sul	scril	oer, I	l=Ins	ured		
	S= Situational							
	R=Required	(DC=	(DC=Direct Care, CV=Civil					
PCM Telephone Number Code		0	0	0	0	0	0	

DEERS/Medical Implementation Plan								
Business Rules: Enrollment								
		Coverage Plan						
		0=Optional	B=Sul	oscril	ber, I	l=Ins	ured	
		S= Situational	/=					<u> </u>
		R=Required	(DC=	Direc	t Ca	re, C	V=C	ivilia
<u>Enrollment</u>								
Enrellment required for this plan		TRICARE Prime Uniformed Services Family Health Plan				٠,		£
Enrollment required for this plan		(USFHP) (a) TRICARE USFHP	a Individu	b	C	d oo fo	e r Act	f
		(b) TRICARE USFHP						
		(c) TRICARE USFHP (d) TRICARE USFHP (e) TRICARE USFHP (f) TRICARE USFHP	Individu Family Individu	ıal Co Cove ıal Co	overa erage overa	ge fo for F ge fo	r Reti Retired r Trai	ired d Sp nsiti
DEERS ID (Subscriber)			R	R	R	R	R	R
DEENO ID (Oubscriber)			IX.	1	1	1	1	11
HCDP Enrollment Fee Payment Calendar Date			N/A	N/A	s	S	N/A	N/A
HCDP Enrollment Fee Payment Paid-Through			, .	1 1,7 1	ľ		. 4,7 (1 77
Calendar Date			N/A	N/A	s	s	N/A	N/A
HCDP Enrollment Fee Payment Plan Type Code HCDP Enrollment Fee Payment Applied Dollar Amount			N/A N/A	N/A N/A		S	N/A N/A	
HCDP Enrollment Fee Payment Exception Reason Code			N/A	N/A	S	S	N/A	N/A
Pole of Spanger			_	_	С,	Γ,	L ,	Γ,
Role of Sponsor DEERS ID (Insured)			<i>B</i> R	<i>B</i> R	<i>B,I</i> R	<i>B,I</i>	<i>B,I</i> R	<i>B,I</i>
HCDP Access/Update Code	-		ı,	ĸ	IK Ad		ĸ	ΙK
HCDP Type Code	+		R	R	R	u R	R	R
HCDP Plan Coverage Code	+		R	R	R	R	R	R
HCDP Enrollment Begin Calendar Date			R	R	R	R	R	R
HCDP Enrollment End Calendar Date			R	R	R	R	R	R

DEERS/Medical Implementation Plan							
Business Rules: Enrollment							
	Coverage Plan						
	0=Optional	B=Sul	oscril	oer, I	=Ins	ured	
	S= Situational						
	R=Required	(DC=[Direc	t Cai	re, C'	V=Ci	viliar
HCDP Individual Enrollment Fee Waiver Reason Code		N/A	N/A	S	S	N/A	N/A

DEERS/Medical Implementation Plan								
Business Rules: Enrollment								
Daomoco Raico: Ememion								
		Coverage Plan						
		0=Optional	B=Suk	oscri	ber,	l=Ins	ured	
		S= Situational						
		R=Required	(DC=E	Direc	t Ca	re, C	V=C	iviliar
PCM Region Identifier			R	R	R	R	R	R
PCM Network Provider Type Code			UP	UP	UP	UP	UP	UP
PCM Enrolling Division DMIS Identifier			R	R	R	R	R	R
PCM Identifier			R	R	R	R	R	R
PCM Identifier Type Code			R	R	R	R	R	R
PCM Name			R	R	R	R	R	R
PCM Telephone Number Code			0	0	0	0	0	0
Enrollment								
Enrollment required for this plan		СНСВР	а	b				
Enrollment required for this plan		(a) Continued Health			Proc	ıram	Indivi	dual (
		(b) Continued Health						
		(S) Continuou ricatar			7.08		<i> </i>	001
							1	
	<u> </u>			1	l	1		

DEERS/Medical Implementation Plan							
Business Rules: Enrollment							
Dusiness Rules. Lillollillett							
	Coverage Plan						
	0=Optional	B=Su	bscril	ber.	l=Insur	red	
	S= Situational				1 1	-	
	R=Required	(DC=I	Direc	t Ca	re, CV	=Civ	/iliar
	'						
	СНСВР	а	b				
	(a) Continued Health						
	(b) Continued Health			Prog	gram Fa	mily	Cov
DEERS ID (Subscriber)		R	R				
HCDP Enrollment Fee Payment Calendar Date		N/A	N/A				
HCDP Enrollment Fee Payment Paid-Through							
Calendar Date		N/A	N/A				
HCDP Enrollment Fee Payment Plan Type Code		N/A	N/A				
HCDP Enrollment Fee Payment Applied Dollar							
Amount		N/A	N/A				
HCDP Enrollment Fee Payment Exception Reason		N1/A					
Code		N/A	N/A				
		١,,	١,,				
Role of Sponsor		B,I	B,I				
DEERS ID (Insured)		R	R				
HCDP Access/Update Code		Ad					
HCDP Type Code		R	R				
HCDP Plan Coverage Code		R	R				
HCDP Enrollment Begin Calendar Date		R	R				
HCDP Enrollment End Calendar Date		R	R				
HCDP Individual Enrollment Fee Waiver Reason Code		NI/A	NI/A				
PCM Region Identifier		N/A N/A	N/A N/A	-			
PCM Network Provider Type Code			N/A N/A	-			
		N/A	_				
PCM Enrolling Division DMIS Identifier PCM Identifier		N/A	N/A	-			
		N/A	N/A	-			
PCM Identifier Type Code		N/A	N/A	-			
PCM Name		N/A	N/A	-			
PCM Telephone Number Code		N/A	N/A				
		1					

		Who Enforces
	Business Rules	the Rules
	by Coverage Plan	C=CHCS
	, ,	M=MCSC
, UP=USFHP)		D=DEERS
	Length of enrollment is a 12-month period or less	
	based on eligibility	D
	Beneficiaries whose Prime enrollment is	
	terminated due to failure to pay enrollment fees	
	when required are disqualified from future	
	enrollment in Prime for a period of 1 year.	C,M
	Unless dual entitled, a person cannot be enrolled	
	in multiple coverage plans during the same time	
	period.	D
	There cannot be multiple Individual coverage	
	plans for a family during the same time period;	
	Exception TRICARE Senior Prime	D
	A beneficiary must exist in DEERS with an	
	eligible assigned coverage plan before they can	
	be enrolled into a coverage plan.	D
	Enrollees may disenroll when they move without	0.14
	a 12 month lockout period Beneficiaries who have not moved and who	C,M
	disenroll from TRICARE Prime before the	
	enrollment anniversary or are disenrolled	
	because of failure to pay enrollment fees shall	
	not be eligible for re-enrollment for 12 months	
	***Exception: Retired Sponsors recalled to active	
	duty and their family members	C,M
	An enrollment lockout period of 12 months is	
	effective for 12 months if a beneficiary elects to	
	disenroll in TRICARE Prime before their one-year	
	enrollment anniversary date (excludes relocation)	C,M
	Enrollment fee payments may be waived and	
	DEERS will allow this information to be	
	communicated through the HCDP Enrollment	
	Fee Status Code	M
	Assigned coverage plans are used to determine	
	the appropriate enrollable coverage plan	C,M,D
	DEERS builds the PCM list as enrollments are	
	received. If a PCM Id does not exist within a	
	region, DEERS will add it as a new PCM for that	
	region, if the PCM Id does exist within a region	
	on DEERS, DEERS will update information it	
	receives for the PCM	D
	Enrolling organization will determine if	O M
	beneificiary should be enrolled in their region DEERS will validate the DMIS Id of the PCM is	C, M
	within the region of the enrollment	D
	within the region of the emolithem	ט

				\4// F	•
			Business Rules	Who Enforce the Rules	
			by Coverage Plan	C=CHCS	
ı, UF	, UP=USFHP)			M=MCSC D=DEERS	
			The enrollment anniversary date is set based on the 1st person enrolled in the coverage plan and is equal to the enrollment begin date	D	

					Who E	nforces
				Business Rules	the I	Rules
				by Coverage Plan	C=CHCS	
					M=MCSC	
ı, Ul	P=US	FHP)			D=DEERS	
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nsor	s and	Family	Men	nbers		
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sea	Spons rs and	Famili	V 1/01	mhore		
	and F					
				s and Family Members		
				d Family Members		
				nily Members		
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					Who Enforces
				Business Rules	the Rules
				by Coverage Plan	C=CHCS
					M=MCSC
ı, UF	P=US	FHP)			D=DEERS
R	R	R	R		D
				Required if fee payment or fee exception is being	
S	N/A	N/A	N/A		C,M,D
				Required if fee payment or fee exception is being	
S	N/A	N/A	N/A		C,MD
				Required if fee payment is being sent with the	
				enrollment; Not required if fees are being waived;	
				If this enrollment is adding a new beneficiary to	
				the existing plan, no accompanying fee payment	
				notification is required if enrollment fees are	
S	N/A	N/A	N/A	current	C,M,D
				Required if fee payment is being sent with the	
				enrollment; This should be a dollar amount with	
S	N/A	N/A	N/A	the decimal;	C,M,D
				Required if partial or non-payment of	
				enrollmment fees. This could be due to	
				catastrophic cap has been met or if there is an	
				individual waiver for a person; If no enrollment	
_				fee is sent with the enrollment, DEERS will set	
S	N/A	N/A	N/A	this to an incomplete state;	C,M,D
	L .	l	<u>.</u>	Information only provided for clarity of who may	
B,I	B,I	B,I	B,I	be covered under each plan	_
R	R	R	R		D
	In	l D	ln.		D
R R	R	R R	R	Validated with DEEDS assigned asverage	D
K	R	K	R	Validated with DEERS assigned coverage DEERS does not enforce that the begin date is	D
				the 1st day of the month; DEERS will set the	
				PCM Selection Begin Calendar Date equal to this	
R	R	R	R	date	CMD
ĸ	K	K	K	cannot exceed 12 months or end of eligibility;	C,M,D
				DEERS enforces enrollment periods do not	
				overlap; DEERS will set the PCM Selection End	
R	R	R	R	Calendar Date equal to this date	C,M,D
П	K	IN.	N	If an individual is waived from enrollment fee	C,IVI,D
				payments, the reason for the waiver should be	
s	N/A	N/A	N/A		C,M
	1 1 / / \	I N//	I N//	Region of enrolling system and PCM region must	O,IVI
R	R	R	R	be the same	D
			l'`	S and Same	
DC	DC	DC			
CV	CV	CV	DC	Required for all enrollments	D
R	R	R	R	Required for all enrollments	D
S	S	S	S	Required only for Direct Care Providers	D
S	S	S	S	Required only for Direct Care Providers	D
S	S	S	S	Required only for Direct Care Providers	D

					Who Enforce	
				Business Rules	the Rules	
				by Coverage Plan	C=CHCS	
					M=MCSC	
, UI	i, UP=USFHP)				D=DEERS	
				Recommended if known for Direct Care		
0	0	0	0	Providers		

				Who Enforce
			Business Rules	the Rules
			by Coverage Plan	C=CHCS
			, ,	M=MCSC
UF	=USI	FHP)		D=DEERS
_		Membe	rs	
	•	mbers	7.44	
			ily Members	
			Members	
			onsors and Family Members	
155/5	апсе	Sporis	ors and Family Members - Annual Enrollment Period	
			- Alliuai Elliolilliett Fellou	D
			Required if fee payment or fee exception is being	
			sent with the enrollment	CMD
			Required if fee payment or fee exception is being	C,M,D
			sent with the enrollment	CMD
			Required if fee payment is being sent with the	C,MD
			1 ' '	
			enrollment; Not required if fees are being waived; If this enrollment is adding a new beneficiary to	
			-	
			the existing plan, no accompanying fee payment	
			notification is required if enrollment fees are	OMB
			current	C,M,D
			Required if fee payment is being sent with the	
			enrollment;This should be a dollar amount with	0.445
			the decimal;	C,M,D
			Required if partial or non-payment of	
			enrollmment fees. This could be due to	
			catastrophic cap has been met or if there is an	
			individual waiver for a person; If no enrollment	
			fee is sent with the enrollment, DEERS will set	CMD
			this to an incomplete state;	C,M,D
			Information only provided for clarity of who may	
			be covered under each plan	
				D
				D
			Validated with DEEDS assigned soveress	D
			Validated with DEERS assigned coverage	D
			the 1st day of the month; DEERS will set the	
			PCM Selection Begin Calendar Date equal to this date	C,M,D
			cannot exceed 12 months or end of eligibility;	
			DEERS enforces enrollment periods do not	
			overlap; DEERS will set the PCM Selection End	
			Calendar Date equal to this date	C,M,D

		Who E	nforces
	Business Rules	the	Rules
	by Coverage Plan	C=CHCS	
		M=MCSC	
=USFHP)		D=DEERS	3
	If an individual is waived from enrollment fee payments, the reason for the waiver should be	C M	
	=USFHP)	=USFHP) If an individual is waived from enrollment fee	Business Rules by Coverage Plan C=CHCS M=MCSC D=DEERS If an individual is waived from enrollment fee payments, the reason for the waiver should be

		Who E	nforces
	Business Rules	the I	Rules
	by Coverage Plan	C=CHCS	
		M=MCSC	
i, UP=USFHP)		D=DEERS	
	Region of enrolling system and PCM region must		
	be the same	D	
	Required for all enrollments	D	
		D	
		D	
		D	
	December of ded if his source	D	
	Recommended if known		
overage			
erage			
	Person is not enrolled in any other managed care		
	programs established or operated under the auspices		
	of the DoD	D	
	Enrollment period for this program is a 60-day period,		
	beginning or ending on the latter one of the following: (1) a member's date of discharge or release from		
	active duty or full-time National Guard Duty (2) the		
	date on which the period of transitional health care		
	benefits ends (3) the date a member receives		
	notification of eligibility		
	Period of Coverage (coverage cannot exceed 36		
	months):		
	1) 18 months after the date the member ceases to be		
	entitled to care (Title 10 USC 1074(a) or transitional		
	health care - 10 USC 1145(a) for a member discharged or released from active duty or full time		
	National Guard duty		
	2) 36 months after the date on which the individual		
	ceases to meet the requirements for being considered		
	an unmarried dependent child of a member or former		
	member of the Armed Forces		
	3) cannot extend beyond 36 months for a beneficiary		
	who became eligible by ceasing to meet the		
	requirements for being considered an unmarried		
	dependent child of a member or former member of the Armed Forces		
	after the date the member becomes ineligible for		
	medical and dental care (Title 10 USC 1074(a) or		
	transitional health care - Title 10 USC 1145(a))		

		Who E	Enforces	
	Business Rules		Rules	
	by Coverage Plan	C=CHCS	\ulletines	
	by Goverage Flam	M=MCSC		
, UP=USFHP)		D=DEERS		
, 3: 33: :::)		D-DEERC		
	4) 36 months for a URSF of a member or former member of the Armed forces following the latter: a) the date on which the final decree of divorce, dissolution, or annulment occurs OR b) if applicable, the date the one-year extension of dependency expires			
	Refer to the TRICARE/CHAMPUS Policy Manual 6010.47-M for additional enrollment period information DEERS will not track enrollment fee information for this program.	D		
coverage				
erage				
		D		
	Information only provided for clarity of who may be covered under each plan	D		
		D		
		D		
	Validated with DEERS assigned coverage	D		
		D		
	cannot exceed 36 months or end of eligibility	D		

DEERS/Medical Implementation Plan		
Business Rules: Add a Newborn to DEER	S	
	5.4	
	Data	
	Туре	
	0=Optional	
	S=Situational	
	R=Required	
Add a Name and to DEEDG (seed to DEEDG)		
Add a Newborn to DEERS (sent to DEERS)		
DEERS ID (Sponsor)	R	
Person Access/Update Code	R	
Person Association Reason Code	R	
Person Association Begin Date	N/A	
Person Birth Date	R	
Person Sex Code	R	
Person Last Name	R	
Person First Name	R	
Person Middle Name	0	
Person Cadency Name	0	
Mailing Address Line 1 Text	R	
Mailing Address Line 2 Text	0	
Mailing Address City Name	R	
Mailing Address State Code	S	
Mailing Address Country Code	R	
M III A I I A B A I B A		
Mailing Address Postal Region Zip Code	S	
Mailing Address Postal Region Zip Extension Code	S	
Home Telephone Number Code	0	
Work Telephone Number Code Fax Telephone Number Code	0	
rax releptione Number Code	0	
Add a Newborn to DEERS Acknowledgement (sent		
from DEERS)		
DEERS ID (Newborn)		
Person Identifier		
Person Identifier Type Code		
Person Last Name		
Person First Name		
Person Middle Name		
Person Cadency Name		

	Who Enforces
Business Rules	the Rules
by Coverage Plan	C=CHCS M=MCSC
	D=DEERS
	DEDEERS
DEERS will add a newborn and assign the newborn a DEERS Id and a Temporary Id along with establishing an assigned HCDP Coverage	
Plan with A Prime copayment factor code	D
	D
	D
DEERS derives this from the birth date	D D
DELITO GETTYES THIS HOTH THE DITTH GATE	D
	D
	D
	D
If address is unknown, use address of sponsor	C,M,D
Depends on length of address	0,141,15
2 oponius on nongun or adanoss	D
Required if address is in the U.S. and in certain	_
OCUNUS locations	D
	D
Required if address is in the U.S. and other	
countries having postal codes	D
Required if address is in the U.S.	D
,	
Represents the Temporary Id for the newborn	

				1		I	I		
DEERS/Medical Implementation Pla	n								
Business Rules: Re-Enrollment									
		Coverage Plan							
		0=Optional	B=S	ubscr	iber,	l=Insu	red		
		S=Situational							
		R=Required							
Re-enrollment									
		TRICARE Prime							
* The enrollment in the TRICARE Prime and			1						
TRICARE Remote is indefinite for Active Duty									
Sponsors as long as eligibility is maintained		(a) TRICARE Prime II	ndivi	dual	Cove	erage	for A	ctive	Duty Si
, 3 ,		(b) TRICARE Remote							•
		• ,				ĺ			
* DEERS will perform an auto-renewal for these									
health coverage plans if no disenrollment notification									
has been received since there are no enrollment									
fees * DEEDS will catablish the UCDB Enrollement End									
* DEERS will establish the HCDP Enrollement End									
Calendar Date for the previous enrollment year	_								
			1	1					

DEERS/Medical Implementation Pla	 an											
Business Rules: Re-Enrollment												
	一							_				
		Coverage Plan										
	Ш	0=Optional	B=S	ubscr	iber,	l=Insu	red					
		S=Situational										
	Щ	R=Required										
Re-enrollment	Ш					_						
Re-enrollment required for this plan		TRICARE Prime	a ,	b	C	d	e		D . E			
	H	(a) TRICARE Prime II (b) TRICARE Prime F										
	\vdash											
	H	(c) TRICARE Prime for Survivors of Active Duty Deceas (d) TRICARE Prime Individual Coverage for Retired Spo										
	\vdash	(e) TRICARE Prime F										
	${\dagger}$.,	,					Ī	,			
DEERS ID (Subscriber)			R	R	R	R	R					
HCDP Enrollment Management System Identifier			N/A	N/A	N/A	N/A	N/A					
HCDP Enrollment Fee Payment Calendar Date			N/A	N/A	S	S	S					
HCDP Enrollment Fee Payment Paid-Through												
Calendar Date			N/A	N/A	S	S	S					
					_							
HCDP Enrollment Fee Payment Plan Type Code			N/A	N/A	S	S	S					
HCDP Enrollment Fee Payment Applied Dollar			N1/A	NI/A								
Amount	\vdash		IN/A	N/A	5	S	S					
HCDP Enrollment Fee Payment Exception Reason												
Code			N/A	N/A	s	S	s					
	\vdash		1 4// (14//								
Role of Sponsor			В	В	B,I	B.I	B,I					
DEERS ID (Insured)	\Box		R	R	R	R	R					
HCDP Access/Update Code					Jpda		'					
HCDP Type Code			R	_	R	R	R					
HCDP Plan Coverage Code			R	R	R	R	R					
,												
HCDP Enrollment Begin Calendar Date	L I		R	R	R	R	R	_				
HCDP Enrollment End Calendar Date			R	R	R	R	R					
HCDP Individual Enrollment Fee Waiver Reason												
Code			N/A	N/A	S	S	S					

DEERS/Medical Implementation Pla	n							
Business Rules: Re-Enrollment								
	Coverage Plan							
	0=Optional	B=S	ubscr	iber,	l=Insu	red		
	S=Situational							
	R=Required							
Re-enrollment								
	TRICARE Prime							
	Uniformed Services							
Re-enrollment required for this plan	Family Health Plan (USFHP)	а	b	С	d			
Re-enrollment required for this plan	(a) TRICARE USFHF			-		e for	Δcti	A Duty
	(b) TRICARE USFHE							
	(c) TRICARE USFHF							
	(d) TRICARE USFHF							
	. ,				J - 1			,
DEERS ID (Subscriber)		R	R	R	R			
HCDP Enrollment Management System Identifier		N/A	N/A	N/A	N/A			
,								
HCDP Enrollment Fee Payment Calendar Date		N/A	N/A	S	S			
HCDP Enrollment Fee Payment Paid-Through								
Calendar Date		N/A	N/A	S	S			
HCDP Enrollment Fee Payment Plan Type Code		N/A	N/A	S	S			
HCDP Enrollment Fee Payment Applied Dollar								
Amount		N/A	N/A	S	S			
HCDP Enrollment Fee Payment Exception Reason								
Code		N/A	N/A	S	S			
Role of Sponsor		В	В	B,I				
DEERS ID (Insured)		R	R	R	R			
HCDP Access/Update Code		_		Jpda				
HCDP Type Code		R	R	R	R			
HCDP Plan Coverage Code		R	R	R	R			
			L	L				
HCDP Enrollment Begin Calendar Date		R	R	R	R			
HCDP Enrollment End Calendar Date		R	R	R	R			
HCDP Individual Enrollment Fee Waiver Reason			 					
Code		N/A	N/A	S	S			

	Who E	nforces				
Business Rules	the F	Rules				
by Coverage Plan	C=CHCS					
	M=MCSC					
	D=DEERS	;				
Beneficiaries who select disenrollment during their annual						
re-enrollment period may choose to re-enroll at any time	C,M					
DEERS will carry current PCM selections forward to the						
next enrollment period specified	D					
The enrollment anniversary date is set based on the 1st						
person enrolled in the coverage plan and is equal to the						
enrollment begin date	D					
DEERS will edit the re-enrollment to ensure the						
enrollment dates are contiguous and there are not gaps in						
coverage	D					
ponsors						

	Who E	nforces
Business Rules	the F	Rules
by Coverage Plan	C=CHCS	
, ,	M=MCSC	
	D=DEERS	
mily Members		
ly Members		
Sponsors ors and Family members		
and Family Members		
rana ranny membere		
	D	
This system identifier must be the same system who		
currently manages this enrollment; This data is obtained		
by DEERS from the EDI message header.	D	
Required if fee payment or fee exception is being sent		
with the re-enrollment	C,M,D	
Required if fee payment or fee exception is being sent		
with the re-enrollment	C,M,D	
Required if fee payment is being sent with the enrollment;		
Not required if fees are being waived; If this enrollment is		
adding a new beneficiary to the existing plan, no		
accompanying fee payment notification is required if	CMD	
enrollment fees are current Required if fee payment is being sent with the	C,M,D	
enrollment;This should be a dollar amount with the		
decimal:	C,M,D	
decimal,	C,IVI,D	
Required if partial or non-payment of enrollmment fees.		
This could be due to catastrophic cap has been met or if		
there is an individual waiver for a person;	C,M,D	
Information only provided for clarity of who may be		
covered under each plan		
	D	
	D	
	D	
This coverage plan is the same as the current plan	D	
This date must be contiguous with the end date of the		
previous enrollment period	D	
cannot exceed 12 months or end of eligibility	D	
If an individual is waiver should be cont to DEERS	C M	
the reason for the waiver should be sent to DEERS	C,M	

	Who E	nforces
Business Rules	the F	Rules
by Coverage Plan	C=CHCS	
	M=MCSC	
	D=DEERS	
Family Members		
nily Members		
sors and Family Members		
rs and Family Members		
	D	
This system identifier must be the same system who		
currently manages this enrollment; This data is obtained		
by DEERS from the EDI message header.	D	
Required if fee payment or fee exception is being sent with the re-enrollment	CMD	
Required if fee payment or fee exception is being sent	C,M,D	
with the re-enrollment	C,M,D	
Required if fee payment is being sent with the enrollment;	C,IVI,D	
Not required if fees are being waived; If this enrollment is		
adding a new beneficiary to the existing plan, no		
accompanying fee payment notification is required if		
enrollment fees are current	C,M,D	
Required if fee payment is being sent with the enrollment;		
This should be a dollar amount with the decimal;	C,M,D	
Required if partial or non-payment of enrollmment fees.		
This could be due to catastrophic cap has been met or if		
there is an individual waiver for a person;	C,M,D	
Information only provided for clarity of who may be		
covered under each plan	D	
	D	
	D	
This coverage plan is the same as the current plan	D	
This date must be contiguous with the end date of the		
previous enrollment period	D	
cannot exceed 12 months or end of eligibility	D	
If an individual is waived from enrollment fee payments,		
the reason for the waiver should be sent to DEERS	C,M	

DEERS/Medical Implementation Plan												
Business Rules: PCM Change												
	Coverage Plan											
	0=Optional		(DC-	–Dire	ct Ca	ra C\	/–Civi	ilian I	IP-I	SEHI		
	S=Situational		(DC		Ci Cai	e, e v	-CIVI	iliai i, v	J1 _0	51 111		
	R=Required											
	Tt=Ttequiled											
PCM Change												
PCM changes allowed for this plan	TRICARE Prime	а	b	С	d	е	f	g	h	1		
	(a) TRICARE Remote											
	(b) TRICARE Prime I											
	(c) TRICARE Prime II											
	(d) TRICARE Prime F											
	(e) TRICARE Prime f											
	(f) TRICARE Prime In											
	(g) TRICARE Prime Family Coverage for Retired Sponsors and I (h) TRICARE Prime Individual Coverage for Transitional Assistar											
	(i) TRICARE Prime individual Coverage for Transitional Assistance S											
			rime Individual Coverage for Retired Spon									
	()) TRICARL Serior	Tillie illi	JIVIU	uai C	Over	aye	101 1	Cure	υομ	Urisc		
DEERS ID (Insured)		R	R	R	R	R	R	R	R	R		
HCDP Type Code		R	R	R	R	R	R	R	R	R		
HCDP Plan Coverage Code		R	R	R	R	R	R	R	R	R		
The state of the s												
HCDP Enrollment Management System Identifier		N/A	ΛΙ/Δ	ΛΙ/Δ	N/A	ΛΙ/Δ	ΛΙ/Δ	ΛΙ/Δ	ΛΙ/Δ	Ν/Δ		
HCDP Enrollment Begin Calendar Date		R	R	R	R	R	R	R	R	R		
TIODI ETIOIITIETI Degiti Calerida Date		K	ĮK.	ĮK.	ĮK.	Įĸ_	Įĸ_	IV.	ĮK.	IX		
PCM Access/Update Code						Upda	ate					
PCM Region Identifier		R	R	Ь	R	R	R	R	R	R		
PCW Region Identifier		None	ĸ	R	ĸ	ĸ	ĸ	ĸ	ĸ	ĸ		
		DC		DC	DC	DC	DC	DC	DC	DC		
PCM Network Provider Type Code		CV	DC	CV	CV	CV	CV	CV	CV	CV		
PCM Enrolling Division DMIS Identifier		R	R	R	R	R	R	R	R	R		
PCM Identifier		S	R	S	S	S	S	S	S	S		
PCM Identifier Type Code		S	R	S	S	S	S	S	S	S		
PCM Name		S	R	S	S	S	S	S	S	S		
PCM Telephone Number Code		0	0	0	0	0	0	0	0	0		
·												
PCM Selection Begin Calendar Date		R	R	R	R	R	R	R	R	R		
POMO L C. F. ID			_						_			
PCM Selection End Reason Code		R	R	R	R	R	R	R	R	R		

DEERS/Medical Implementation Plan											
Business Rules: PCM Change											
	_										
	Coverage	e Plan									
	0=Optio	nal		(DC=	=Dire	ct Car	re, C\	/=Civi	lian, l	JP=U	SFH
	S=Situati	onal									
	R=Requ	ired									
PCM Change											
- One Original State of the Control											
	Uniformed S Family Heal										
PCM changes allowed for this plan	(USFHP)	ui i iaii	а	а	b	С	d	е	f		
1 ON Granges answer for this plan	(a) TRICARE	USEHP						_	-	ı v Fai	nilv
	(b) TRICARE										
	(c) TRICARE										
	(d) TRICARE										
	(e) TRICARE										
	(f) TRICARE										
DEERS ID (Insured)			R			R	R	R	R		
HCDP Type Code			R		R	R	R	R	R		
HCDP Plan Coverage Code			R	R	R	R	R	R	R		
HCDP Enrollment Management System Identifier			N/A						N/A		
HCDP Enrollment Begin Calendar Date			R	R	R	R	R	R	R		
PCM Access/Update Code					11-	doto					
PCIVI Access/Opdate Code					υμ	date I	: 	1			
PCM Region Identifier			R	R	R	R	R	R	R		
PCM Network Provider Type Code			UP		UP	UP		UP	UP		
PCM Enrolling Division DMIS Identifier				R	R	R	R	R	R		
PCM Identifier			R R	R	R R	R	R	R	R		
				R			R				
PCM Name			R	R R	R	R			R		
PCM Telephone Number Code			R		R	R O	R	R	R		
PCM Telephone Number Code			0	0	0	U	0	0	0		
PCM Selection Begin Calendar Date			R	R	R	R	R	R	R		
PCM Selection End Reason Code			R	R	R	R	R	R	R		
			<u> </u>	<u> </u>					<u> </u>		

			Who Enforces
		Business Rules	the Rules
P)		by Coverage Plan	C=CHCS
			M=MCSC
			D=DEERS
j		DEERS builds the PCM list as enrollments are received. If a PCM Id does not exist within a region, DEERS will add it as a new PCM for that region, if the PCM Id does exist within a region on DEERS, DEERS will update information it receives for the PCM	D
embe	ers		
bers			
ors			
	_	Members	
		lembers	
		nsors and Family Members	
_		s and Family Members	
is a	iu	Family Members	
R			D
R			D
R		current or future coverage plan	D
N/A	<u> </u>	Only the current system managing the enrollment can update PCM information; This data is obtained by DEERS from the EDI message header.	D
R		current or future coverage plan	D
<u> </u>		There cannot be any date gaps for PCM, a PCM is	
		always associated with a person enrolled in TRICARE	
		Prime	D
		Region cannot change during a PCM change; Region	_
R		of enrolling system and PCM region are the same	D
		2 2 2 3 3 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
DC		Required for all enrollments	D
R		Required for all enrollments	D
R		Required only for Direct Care Providers	D
R		Required only for Direct Care Providers	D
R		Required only for Direct Care Providers	D
0		Recommended if known for Direct Care Providers	
		This is the date the new PCM becomes effective;	
		DEERS will populate the old PCM Selection End	
		Calendar Date as the day prior to the new PCM	
R		Selection Begin Calendar Date	D
		The reason code represents why the person is	_
R		changing the existing PCM to a new PCM.	D

		Who Enforces
	Business Rules	the Rules
P)	by Coverage Plan	C=CHCS
		M=MCSC
		D=DEERS
Иет	l bers	
mbei		
	amily Members	
Fami	ily Members	
nce S	Sponsors and Family Members	
Spo	nsors and Family Members	
		D
		D
	current or future coverage plan	D
	Only the current system managing the enrollment can update	,
	PCM information; This data is obtained by DEERS from the	
	EDI message header.	D
	current or future coverage plan	D
	There cannot be any date gaps for PCM, a PCM is	
	always associated with a person enrolled in TRICARE Prime	<u></u>
	Region cannot change during a PCM change; Region	D
	of enrolling system and PCM region are the same	D
	Required for all enrollments	D
	required for all enfollments	D
		D
		D
		D
	Recommended if known	
	This is the date the new PCM becomes effective;	
	DEERS will populate the old PCM Selection End	
	Calendar Date as the day prior to the new PCM	
	Selection Begin Calendar Date	D
	The reason code represents why the person is	
	changing the existing PCM to a new PCM.	D
		1

DEERS/Medical Implementation Plan	n										
Business Rules: PCM Cancellation											
											T
		Coverage Plan									
		0=Optional	(DC=E	Direct Ca	are, C	V=Civ	ilian, U	P=US	FHP)		
		S=Situational									
		R=Required									
PCM Cancellation											
FOW Cancellation										-	-
											T
										<u> </u>	_
										<u> </u>	\perp
										-	\perp
										-	1
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DEERS/Medical Implementation Pla	n											
Business Rules: PCM Cancellation												
Dusiness Rules. I Oli Cancenation												
		Coverage Plan										
		0=Optional		(DC=	Direct	Care. (CV=Civ	/ilian. L	JP=US	FHP)		
		S=Situational		(, ,		
		R=Required										
PCM cancellations allowed for this plan		TRICARE Prime	а	b	С	d	е	f	g	h	1	i
		(a) TRICARE Remote					_	mbers		1		
		(b) TRICARE Prime I								nsors		
		(c) TRICARE Prime II	ndivid	ual Co	overaç	ge for	Active	Duty	Fam	ily Me	mber	S
		(d) TRICARE Prime F	amily	Cove	erage	for Ac	tive D	uty Fa	amily	Мет	bers	
		(e) TRICARE Prime for										
		(f) TRICARE Prime In										
		(g) TRICARE Prime F										
		(h) TRICARE Prime II										
		(i) TRICARE Prime For										
		(j) TRICARE Senior F	rime	inaivid	duai C	overa	ge toi	Retir	ea Sp	onso	rs and	ram.
DEEDC ID (Incorred)			_	_	_	_	_	_	n	_	_	n
DEERS ID (Insured)			R	R	R R	R	R	R	R R	R	R	R
HCDP Type Code			R	R	R R	R	R	R		R	R	R
HCDP Plan Coverage Code			R	R	K	R	R	R	R	R	R	R
HCDP Enrollment Management System Identifier			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
HCDP Enrollment Begin Calendar Date			R	R	R	R	R	R	R	R	R	R
			i `	1.,	1.,	1.,	1.,	1.,	1.,	1.,		۱۰、
PCM Access/Update Code							Cai	ncel				
·												
PCM Region Identifier			R	R	R	R	R	R	R	R	R	R
			Non									
			е									
			DC		DC	DC	DC	DC	DC		DC	
PCM Network Provider Type Code			CV	DC	CV	CV	CV	CV	CV	CV	CV	DC
PCM Enrolling Division DMIS Identifier			R	R	R	R	R	R	R	R	R	R
· · · · · · · · · · · · · · · · · · ·			S	R	S	S	S	S	S	S	S	R
PCM Identifier				I —	10	S	S	S	S	S	S	R
PCM Identifier Type Code			S	R	S							
PCM Identifier Type Code PCM Name			S	R	S	S	S	S	S	S	S	R
PCM Identifier Type Code PCM Name PCM Telephone Number Code			S O	R O	S O	S O	S O	S O	S O	S O	0	0
PCM Identifier Type Code PCM Name			S	R	S	S	S	S	S	S		

DEERS/Medical Implementation Plan	<u> </u>										
Business Rules: PCM Cancellation	•										
Busiliess Rules. I Civi Calicellation											
	Coverage Plan										
	0=Optional		(DC=	Direct	Care. 0	CV=Civ	/ilian. L	JP=US	FHP)		
	S=Situational										
	R=Required										
DCM Consollation											
PCM Cancellation											
	Uniformed Services Family Health Plan										
PCM cancellations allowed for this plan	(USFHP)	а	а	b	С	d	е	f _	L		$\sqcup \sqcup$
	(a) TRICARE USFHE										
	(b) TRICARE USFHE										
	(c) TRICARE USFHE										
	(d) TRICARE USFHE										
	(e) TRICARE USFHF										
DEERS ID (Insured)	(I) TRICARE USERIE	R	R	R	R	R	R	488/86 R	ance I	Sport	5015 al
HCDP Type Code		R	R	R	R	R	R	R			
HCDP Plan Coverage Code		R	R	R	R	R	R	R			\vdash
TIODI Tian Coverage code		K	K	N	K	IX.	N	K			
HCDP Enrollment Management System Identifier				N/A				N/A			
HCDP Enrollment Begin Calendar Date		R	R	R	R	R	R	R			
PCM Access/Update Code					Cance	el T					
PCM Region Identifier		R	R	R	R	R	R	R			
PCM Network Provider Type Code		UP	UP	UP	UP	UP	UP	UP			
PCM Enrolling Division DMIS Identifier		R	R	R	R	R	R	R			
PCM Identifier		R	R	R	R	R	R	R			
PCM Identifier Type Code		R	R	R	R	R	R	R			
PCM Name		R	R	R	R	R	R	R			
PCM Telephone Number Code		0	0	0	0	0	0	0			
PCM Selection Begin Calendar Date		R	R	R	R	R	R	R			
PCM Selection End Reason Code		R	R	R	R	R	R	R			
		1			1	1		1		ı	

	Who Enforces
Business Rules	the Rules
by Coverage Plan	C=CHCS
	M=MCSC
	D=DEERS
This transaction will reinstate the previous PCM	
selection for the enrollment period. If there is	
only one PCM for the enrollment, thus no PCM	
to reinstate, a new PCM selection must be	_
included with the PCM cancellation.	D
This transaction is also used for cancelling an	
enrollment transfer. The enrollment transfer is	
like changing a PCM but is within a different	
region.	D
The instance of the PCM selection being	
cancelled will be removed and will not be	
displayed by DEERS in subsequent	
transactions.	D
DEERS will send enrollment change	
notifications to all systems participating in the	
management of the enrollment	D

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	Who Enforces
Business Rules	the Rules
by Coverage Plan	C=CHCS
	M=MCSC
	D=DEERS
pre	
Prs	
d Family Members	
amily Members	
Members	
	D
	D
current or future coverage plan	D
Only the current system managing the enrollment	
can update PCM information; This data is obtained	
by DEERS from the EDI message header.	D
current or future coverage plan	D
There cannot be any date gaps for PCM,	
certain PCM is required for an enrollment;	
DEERS will reinstate the previous PCM	
selection; If there is only one for this	
enrollment, a new PCM selection must be	
included with the cancellation	D
Region of enrolling system and PCM region are	D
the same	D
Must match PCM being cancelled	D
Must match PCM being cancelled	D
Must match PCM being cancelled	D
Must match PCM being cancelled	D
Must match PCM being cancelled	D
Must match PCM being cancelled	D
"Invalid Entry"	D

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	Who Enforces
Business Rules	the Rules
by Coverage Plan	C=CHCS
	M=MCSC
	D=DEERS
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and Family Members	
Family Members	
	D
	D
current or future coverage plan	D
Only the current system managing the enrollment	
can update PCM information; This data is obtained	
by DEERS from the EDI message header.	D
current or future coverage plan	D
There cannot be any date gaps for PCM,	
certain PCM is required for an enrollment;	
DEERS will reinstate the previous PCM	
selection; If there is only one for this	
enrollment, a new PCM selection must be	_
included with the cancellation	D
Region of enrolling system and PCM region are	_
the same	D
Must match PCM being cancelled	D
Must match PCM being cancelled	D
Must match PCM being cancelled	D
Must match PCM being cancelled	D
Must match PCM being cancelled	D
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Must match PCM being cancelled	D
"Invalid Entry"	D
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DEERS/Medical Implementation Plan										
Business Rules: Transfer Enrollment										
	Coverage Plan									
	0=Optional	(DC=	=Dire	ct Ca	re, C\	/=Civ	ilian, L	JP=U	SFHP)
	S=Situational									
	R=Required									
Enrollment Transfer										

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+ +		=Dire	ct Ca	re, C\	V=Ci\	⁄ilian, I	JP=U	ISFHP	')			
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I RICARE Prime	e a	D	С	а	е	T	g	n				
(a) TRICARE Pri	ime Indivi	dual	Cove	erage	e for	Activ	e Du	tv Sp	ons			
(c) TRICARE Prime Family Coverage for Active Duty Family N												
(d) TRICARE Prime for Survivors of Active Duty Deceased Sp												
(e) TRICARE Prime Individual Coverage for Retired Sponsors												
(f) TRICARE Prime Family Coverage for Retired Sponsors and												
(g) TRICARE Prime Individual Coverage for Transitional Assis												
(n) TRICARE Pri	ime ⊢amii	y Co	vera	ge to	or ira	ansiti	onai .	ASSIS 	tand			
	R	R	R	R	R	R	R	R				
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		O R	O R	O R	O R	O R	O R	R				
	0=Optional S=Situational R=Required TRICARE Prime (a) TRICARE Pri (b) TRICARE Pri (c) TRICARE Pri (d) TRICARE Pri (e) TRICARE Pri (f) TRICARE Pri (g) TRICARE Pri (g) TRICARE Pri	S=Situational R=Required TRICARE Prime (a) TRICARE Prime Individual (b) TRICARE Prime Individual (c) TRICARE Prime Family (d) TRICARE Prime Family (e) TRICARE Prime Individual (f) TRICARE Prime Individual (f) TRICARE Prime Family (g) TRICARE Prime Family (h) TRICARE Prime Family R R R R R DC	0=Optional (DC=Diret S=Situational R=Required	0=Optional (DC=Direct Ca S=Situational R=Required	0=Optional (DC=Direct Care, C') S=Situational R=Required TRICARE Prime a b c d	0=Optional (DC=Direct Care, CV=Citons=Situational R=Required	0=Optional (DC=Direct Care, CV=Civilian, I) S=Situational R=Required TRICARE Prime	0=Optional (DC=Direct Care, CV=Civilian, UP=U S=Stituational R=Required	0=Optional (DC=Direct Care, CV=Civilian, UP=USFHF S=Situational R=Required			

DEERS/Medical Implementation Plan													
Business Rules: Transfer Enrollment													
business itules. Transfer Emoliment													
	Coverage Plan												
	0=Optional	_	=Dire	ct Ca	re, C'	V=Civ	ılian, l	JP=L	JSFHF	P)			
	S=Situational	,											
	R=Required												
Enrollment Transfer													
Transfer of Enrollment allowed for this plan	TRICARE Prime	а	b	С	d	е	f						
·													
	(a) TRICARE USFH												
	(b) TRICARE USFHP Family Coverage for Active Duty Family												
	(c) TRICARE USFHP Individual Coverage for Retired Sponsor.												
	(d) TRICARE USFHP Family Coverage for Retired Sponsors at the Coverage for Transitional Ass												
	(e) TRICARE USFHP Individual Coverage for Transitional Assista (f) TRICARE USFHP Family Coverage for Transitional Assista												
	(I) TRICARE USFHI	Fan	IIIy C	over	age	IOF I	ransı	liona	ASS	Istar			
DEERS ID (Insured)		R	R	R	R	R	R						
HCDP Type Code		R	R	R	R	R	R						
HCDP Plan Coverage Code		R	R	R	R	R	R						
					l								
HCDP Enrollment Management System Identifier		N/A	N/A	N/A	N/A	N/A	N/A						
PCM Access/Update Code				Hr	date								
1 GW Access/Opuale Code				T	I								
DCM Pagin Identifier		R	R	R	R	R	R						
PCM Region Identifier		K	ĸ	ĸ	ĸ	ĸ	K						
PCM Network Provider Type Code		UP	UP	UP	UP	UP	UP						
PCM Enrolling Division DMIS Identifier		R	R	R	R		R						
PCM Identifier		R	R	R	R		R						
PCM Identifier Type Code		R	R	R	R	R	R						
PCM Name		R	R	R	R	R	R						
PCM Telephone Number Code		0	0	0	0	0	0						
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DOM Calcation Dania Calcuster Date										1			
PCM Selection Begin Calendar Date PCM Selection End Reason Code		R R	R R	R R	R R	R R	R R						

	Who Enforces
Business Rules	the Rules
by Coverage Plan	C=CHCS
	M=MCSC
	D=DEERS
When an enrollee relocates to another contractor's region, the transfer is done by the gaining contractor.	M, C
When an enrollee relocates to another contractor's region, DEERS notifies the losing entity of the loss when the gaining entity updates DEERS to reflect the	
enrollment transfer. TRICARE Prime beneficiaries required to pay enrollment fees shall be allowed 2 enrollment transfers per enrollment year if the second transfer is back to the first region for the enrollment year	M, C
When active duty families move temporarily for 30 days or more, they should transfer enrollment. If TRICARE Prime isn't available, they can disenroll before leaving the old location and re-enroll when you return, no 12 month re-enrollment lockout applies.	M, C
DEERS will set the PCM Selection End Calendar Date for the losing organization based on the PCM Selection Begin Calendar Date for the gaining organization. DEERS will notify the losing organization of the loss.	D
DEERS builds the PCM list as enrollments are received. If a PCM Id does not exist within a region, DEERS will add it as a new PCM for that region, if the PCM Id does exist within a region on DEERS, DEERS will update information it receives for the PCM	D

		Who Enforces
	Business Rules	the Rules
	by Coverage Plan	C=CHCS
		M=MCSC
		D=DEERS
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nd Family me	nmbers	+
amily Memb		
	s and Family Members	
Sponsors a	nd Family Members	
	A transfer of enrollment is done for one or more	
	individuals. The option for family is not available, it is	
	done on an individual basis.	D
		D
		D
	This coverage plan is the same as the current plan	D
	If this system identifier is different from the system	
	If this system identifier is different from the current system who currently manages this enrollment, DEERS	
	will send notification to the losing system; This data is	
	obtained by DEERS from the EDI message header.	D
	This is an update to an existing HCDP because the	
	person is still covered within the same HCDP TRICARE	
	Prime.	D
	The new region for the enrolling system and PCM region	
	will be the same	D
	Required for all enrollments; There cannot be any date	
	gaps for PCM, a PCM is always associated with a	
	person enrolled in TRICARE Prime.	D
	Required only for Direct Care Providers	D
	Required only for Direct Care Providers	D
	Required only for Direct Care Providers	D
	Required only for Direct Care Providers	D
	Recommended only for Direct Care Providers	D
	March be within a sure of the state of the s	
	Must be within current enrollment period; DEERS will	
	populate the old PCM Selection End Date as the day	
	prior to the new PCM Selection Begin Calendar Date; must be within the same enrollment year	D
	value of "relocation"	D
	value of Telocation	טן

		Who Enforces
	Business Rules	the Rules
	by Coverage Plan	C=CHCS
		M=MCSC
		D=DEERS
/ Members		
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and Family N		
d Family Men		
•	ors and Family Members	
re Sponsors a	and Family Members	
	A transfer of enrollment is done for one or more	
	individuals. The option for family is not available, it is done on an individual basis.	D
	done on an individual basis.	
		D
		D
	This coverage plan is the same as the current plan	
	This coverage plants are came as the current plant	
	If this system identifier is different from the current	
	system who currently manages this enrollment, DEERS	
	will send notification to the losing system; This data is	
	obtained by DEERS from the EDI message header.	D
	This is an update to an existing HCDP because the	
	person is still covered within the same HCDP TRICARE	
	Prime.	D
	The new region for the enrolling system and PCM region	
	will be the same	D
	Required for all enrollments; There cannot be any date	
	gaps for PCM, a PCM is always associated with a person enrolled in USFHP.	D
	person enioned in Ooi Fili .	D
		D
		D
		D
	Recommended if known	
	. 1555IIIOIIGGG II RIIGIII	
	Must be within current enrollment period; DEERS will	
	populate the old PCM Selection End Date as the day	
	prior to the new PCM Selection Begin Calendar Date;	
	must be within the same enrollment year	D
	value of "relocation"	D

DEERS/Medical Implementation Plan											
Business Rules: Fee Payment											
		0 Bl									
		Coverage Plan									
		0=Optional									
		S=Situational R=Required									
	+	IX=IXEquileu									
Enrollment Fee Payment											
No enrollment fee required for these plans		TRICARE									
		(a) TRICARE Remo				_					
		(b) TRICARE Prime					_			_	
		(c) TRICARE Prime (d) TRICARE Prime					_			_	
		(e) TRICARE Prime								-	
		(f) TRICARE Prime									
			or Prime Individual Coverage for Ret								
		TRICARE Prime									
		Uniformed									
		Services Family Health Plan									
		(USFHP)									
		(a) TRICARE USFH	iP In	divid	lual (Cove	rage	for	4 Ctiv	e Du	ıtv l
		(b) TRICARE USFH									
	T	(c) TRICARE USFH									
		(d) TRICARE USFH	IP F	amily	/ Co	/erac	ge fo	r Tra	nsitio	onal	Ass

DEERS/Medical Implementation Plan										
Business Rules: Fee Payment										
	Coverage Blan									
	Coverage Plan	1								
	0=Optional									
	S=Situational									
Enrollment Fee Poument	R=Required									_
Enrollment Fee Payment Enrollment fee required for these plans	TRICARE Prime	а	b	С						
Enrollment ree required for these plans	(a) TRICARE Prime	-			Vers	nae fa	or Re	tired	Sn	ons
	(b) TRICARE Prime									
	(c) TRICARE Prime									
	TRICARE Prime Uniformed									
	Services Family Health Plan									
Enrollment fee required for these plans	(USFHP)				d	е				
Zimemment ree regamed for three plane	(d) TRICARE USF	⊔ HP In	divia	lual (-	-	for F	Retire	ed S	por
	(e) TRICARE USF									
DEERS ID (Subscriber)		R				R				
HCDP Type Code		R	R	R	R	R				
HCDP Plan Coverage Code		R		R	R	R				
HCDP Enrollment Fee Access/Update Code				Jpda		I_				
HCDP Enrollment Begin Calendar Date		R	R	R	R	R				
HCDP Enrollment Fee System Identifier		N/A	N/A	N/A	N/A	N/A				
			_		_	_				
HCDP Enrollment Fee Payment Calendar Date		R	R	R	R	R				
HCDP Enrollment Fee Payment Paid-Through Calendar Date		Ь	Ь	Ь	L _D	L _D				
Calendar Date		R	R	R	R	R				
HCDP Enrollment Fee Payment Plan Type Code		s	s	s	s	s				
Thosa Emoliment ree rayment rian rype code			5	5	5	0				
HCDP Enrollment Fee Payment Applied Dollar Amount		S	S	S	S	S				
HCDP Enrollment Fee Payment Exception Reason Code		s	S	S	S	S				

	Who E	nforces
Business Rules	the F	Rules
by Coverage Plan	C=CHCS	
, ,	M=MCSC	
	D=DEERS	
This transaction is applicable when making separate		
enrollment fee payments		
The payment is applied to the current or future TRICARE		
Prime or USFHP policy.	D	
The payment may be sent from any enrolling organization or		
HCDP Enrollment Fee Management System	D	
DEERS will accumulate individual enrollment fee payments		
for each enrollment year.	D	
Partial or non-payment of enrollment fees will be accepted		
by DEERS due to catastrophic cap being met, individual		
enrollment fee waivers, etc., this information can be be		
communicated through the HCDP Enrollment Fee Payment		
Exception Reason Code	D	
DEERS will only send enrollment change notifications to the		
last enrollment fee system	D	
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Sponsors and Family Members		
Family Members		
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	Who F	nforces
Business Rules		Rules
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by Coverage Plan	C=CHCS	
	M=MCSC D=DEERS	
	D=DEERS	-
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and Family Members		
Sponsors		
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sors and Family Members		
rs and Family Members		
Enrollment fees are only applicable to the subscriber of the		
policy, not the insured;		
The Beneficiary ID must be 00	D	
Current or future coverage plan	D	
-	D	
begin added in IOD v13	D	
This identifier is used by DEERS to track the system that		
sent the enrollment fee payment notificaton; This data is		
obtained by DEERS from the EDI message header.	D	
Required if fee payment or fee waiver is being sent for the		
enrollment	D	
Required if fee payment or fee waiver is being sent for the		
enrollment	D	
Required if fee payment is being sent; Not required if fees		
are being waived; DEERS will update this field if it is		
changed during an enrollment period	D	
Required if fee payment is being sent; This should be a		
dollar amount with the decimal; DEERS will validate that the		
cummulative fee payments are not less than zero; can be a		
negative dollar amount	D	
Required if partial or non-payment of enrollmment fees. This		
could be due to catastrophic cap has been met or if there is		
an individual waiver for a person;	D	

DEERS/Medical Implementation Plan Business Rules: Change Individual Enro	ollr	nent Period										
		Coverage Plan										В
		0=Optional		=Direc	t Care	e, CV	=Civil	ian, L	JP=U	SFHP)	by
		S=Situational									,	
		R=Required										
Change Individual Enrollment Period												
Disenrollment performed for all health care plans in												
this group		TRICARE Prime	а									
		TRICARE Prime Uniformed										
Disenrollment performed for all health care plans in		Services Family Health Plan										
this group		(USFHP)		b								
DEERS ID (Subscriber)			R	R								
DEERS ID (Insured)			R	R								
HCDP Access/Update Code				date								
Person/Family Transaction Type Code			R	R								
HCDP Type Code				R								
HCDP Plan Coverage Code			R	R								
HCDP Enrollment Management System Identifier			NIA	N/A								
HCDP Enrollment Begin Calendar Date			R	R								\exists
HCDP Enrollment End Calendar Date			R	R								
HCDP Enrollment End Reason Code				N/A								

	Who F	nforces
usinggo Dulgo		
usiness Rules		Rules
Coverage Plan	C=CHCS	
	M=MCSC	
	D=DEERS	S
If this enrollment is within an Individual Coverage		
plan, the enrollment cannot exceed 12 months or		
past eligibility whichever is less.	D	
For an enrollment within a Family Coverage plan, the		
enrollment period must remain within the anniversary		
period, i.e. enrollment begin date cannot be before the		
anniversary date and enrollment end date cannot be	_	
beyond 12 months from the anniversary date.	D	
DEERS will send enrollment change notifications		
to all systems participating in the management of the enrollment	D	
DEERS will ensure enrollment periods do not	U	
·	D	
overlap	U	
	C,M,D	
	C,M,D	
	C,M,D	
Individual: Change to Individual Enrollment Only	C,M,D	
	C,M,D	
current or future coverage plan	C,M,D	
This system identifier is the current system who		
currently manages this enrollment. This data is		
obtained by DEERS from the EDI message		
header.	C,M,D	
DEERS will change the old PCM Selection Begin Date		
from this HCDP Enrollment Begin Date.	C,M,D	
DEERS will change the old PCM Selection End Date		
from this HCDP Enrollment End Date.	C,M,D	
DEERS does not track the reason the enrollment		
period changed		

DEERS/Medical Implementation Plan											
Business Rules: Change Family Enroll	lme	ent Period									
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		Coverage Plan								_	В
		0=Optional	 Direc	t Care	e. CV	=Civil	lian, U	P=US	SFHP)		by
		S=Situational			, -		, ,				
		R=Required									
										Ī	_
Change Family Enrollment Period											
										_	

DEERS/Medical Implementation Plan							
Business Rules: Change Family Enrollr	ment Period						
	Coverage Pla	an					E
	0=Optional	(DC=	Direct Ca	are, CV=Ci	ivilian, UP=	USFHP) b
	S=Situational						
	R=Required						
Change Family Enrollment Period							
	TRICARE Prime	e a					
	TRICARE Prime	9					
	Uniformed						
	Services Family	<i>y</i>					
Disenrollment performed for all health care plans in	Health Plan						
this group	(USFHP)		b				
DEERS ID (Subscriber)		R	R				
DEERS ID (Insured)		R	R				
HCDP Access/Update Code		Upo	date				
Person/Family Transaction Type Code		R	R				
HCDP Type Code		R	R				
HCDP Plan Coverage Code		R	R				
HCDP Enrollment Management System Identifier		N/A	N/A				
HCDP Enrollment Begin Calendar Date		R	R				
HCDP Enrollment End Calendar Date		R	R				
HCDP Enrollment End Reason Code		N/A	N/A				

	Who E	nforces
usiness Rules	the F	Rules
Coverage Plan	C=CHCS	
	M=MCSC	
	D=DEERS	
DEERS will update all enrollments within a		
Family policy based on the new enrollment		
period.	D	
A new anniversary date will be set by DEERS		
based on the HCDP Enrollment Begin		
Calendar Date sent with transaction.	D	
DEERS will honor existing enrollment begin/end		
dates if they are not equal to the current enrollment		
anniversary period.	D	
DEERS will ensure enrollment periods do not		
overlap.	D	
DEERS will send enrollment change		
notifications to all systems participating in the		
management of the enrollment	D	
This transaction must be done for the policy at		
the subscirber level in order to effect all family		
member enrollments in the policy.	C,M,D	

	Who E	nforces
usiness Rules	the F	Rules
Coverage Plan	C=CHCS	
	M=MCSC	
	D=DEERS	;
	C,M,D	
This must also be the subscriber although they may	0,111,12	
not be an insured within the policy.	C,M,D	
	C,M,D	
Family: Change to ALL Enrollments in the policy	C,M,D	
, , ,	C,M,D	
current or future coverage plan	C,M,D	
This system identifier is the current system		
who currently manages this enrollment. This		
data is obtained by DEERS from the EDI		
message header.	C,M,D	
DEERS will change the old PCM Selection Begin		
Date from this HCDP Enrollment Begin Date.	C,M,D	
DEER will change the old PCM Selection End Date	0.445	
from this HCDP Enrollment End Date.	C,M,D	
DEERS does not track the reason the enrollment		
period changed		

DEERS/Medical Implementation Plan									
Business Rules: Change Enrollment En	d Reason								
									$\overline{}$
	Coverage Plan								В
	0=Optional	(DC:	=Direct	Care,	CV=Ci	vilian,	UP=U	SFHF) b
	S=Situational								
	R=Required								\pm
Change Enrollment End Reason									
Disenrollment performed for all health care plans in this group	TRICARE Prime	а							
Disenrollment performed for all health care plans in this group	TRICARE Prime Uniformed Services Family Health Plan (USFHP)		b						
DEERS ID (Subscriber)	,	R	R						
DEERS ID (Insured)			R						
HCDP Access/Update Code		Up	date						
Person/Family Transaction Type Code			R						
HCDP Type Code		R	R						
HCDP Plan Coverage Code		R	R						
HCDP Enrollment Management System Identifier		N/A	N/A						
HCDP Enrollment Begin Calendar Date		R	R						_
HCDP Enrollment End Calendar Date		R	R						
HCDP Enrollment End Reason Code		R	R						

	Who F	nforces
usiness Rules		Rules
Coverage Plan	C=CHCS	Vuics
Coverage Flair	M=MCSC	
	D=DEERS	
	D=DEEKS	
DEEDS will NOT send enrollment change		
DEERS will NOT send enrollment change notifications	<u></u>	
Houncalions	D D	
	U	
	C,M,D	
	C,M,D	
	C,M,D	
Individual: Change to Individual Enrollment Only	C,M,D	
	C,M,D	
current or future coverage plan	C,M,D	
This system identifier is the current system who		
currently manages this enrollment. This data is		
obtained by DEERS from the EDI message		
header.	C,M,D	
This date must match the hear date of the angular and	CMD	
This date must match the begin date of the enrollment	C,M,D	
This date must match the end date of the enrollment	C,M,D	
New enrollment end reason code	C,M,D	
•		

DEERS/Medical Implementation Plan													
Business Rules: Cancel Enrollment/Di	se	nr	ollment										
		Ī											
			Coverage Plan										В
			0=Optional	(DC:	=Direc	t Car	e, CV	=Civi	lian, l	JP=U	SFHF	")	by
			S=Situational										
			R=Required										
Cancel Enrollment/Disenrollment													

DEERS/Medical Implementation Plan									
Business Rules: Cancel Enrollment/Dis	enrollment								
									T
	Coverage Plan								В
	0=Optional	(DC:	=Direc	t Care,	CV=Civ	ilian, l	JP=U	SFHP)	by
	S=Situational								
	R=Required								<u> </u>
Cancel Enrollment/Disenrollment									
Disenrollment performed for all health care plans in									
this group	TRICARE Prime	а							
	TRICARE Prime								
	Uniformed Services								
Disenrollment performed for all health care plans in	Family Health Plan								
this group	(USFHP)		b						+
DEERS ID (Subscriber)		R	R						-
DEERS ID (Insured)		R	R						
HCDP Access/Update Code		Ca	ncel						
Person/Family Transaction Type Code		R	R						
HCDP Type Code		R	R						
HCDP Plan Coverage Code		R	R						
HCDP Enrollment Management System Identifier		N/A	N/A						
11051 Emountone wanagement dystem dentiner		1 4/71	, 4//1						+
HCDP Enrollment Begin Calendar Date		R	R						
HCDP Enrollment End Calendar Date		R	R						
HCDP Enrollment End Reason Code		R	R						

	Who	Enforces
usiness Rules	the	Rules
Coverage Plan	C=CHC	S
	M=MCS	С
	D=DEEI	RS
The instance of the enrollment or disenrollment		
will be removed and will not be displayed by		
DEERS in subsequent transactions.	D	
DEERS will remove the existence of the		
enrollment, including PCM selections.	D	
DEERS will retain any catastrophic cap and		
deductible accumulations for the enrollment.		
However, these amounts will not be seen unless		
there is an enrollment.	D	
DEERS will reinstate the enrollment as it existed		
priot to the disenrollment cancellation.	D	
DEERS will send enrollment change notifications		
to all systems participating in the management of		
the enrollment	D	

	Who E	nforces			
usiness Rules	the Rules				
Coverage Plan	C=CHCS				
	M=MCSC				
	D=DEERS				
	C,M,D				
	C,M,D				
This is an update to a current or future HCDP because					
the person is still covered within the same HCDP					
coverage plan	C,M,D				
Individual: Change to Individual Enrollment Only	C,M,D				
	C,M,D				
current or future coverage plan This system identifier is the current system who	C,M,D				
currently manages this enrollment. This data is					
obtained by DEERS from the EDI message					
header.	C,M,D				
Header.	U,IVI,D				
This date must match the begin date of the enrollment	C,M,D				
This date must match the end date of the enrollment	C,M,D				
"Invalid Entry"	C,M,D				

DEERS/Medical Implementation Pla	an								
Business Rules: Update Individual	Enrol	Iment Fee Waive	r Inf	orn	nati	on			
•									
		Coverage Plan							
		0=Optional							
		S=Situational							
		R=Required							
Individual Enrollment Fee Waiver									
No enrollment fee required for this plan		TRICARE							
		(a) TRICARE Remot	e for	Activ	e Du	ty Se	ervice	е Ме	mbers
		(b) TRICARE Prime	Indivi	dual	Cove	erage	for A	Activ	e Duty
		(c) TRICARE Prime	Indivi	dual	Cove	rage	for A	4 <i>ctiv</i>	e Duty
		(d) TRICARE Prime	Famil	ly Co	vera	ge fo	r Act	tive E	Outy Fa
		(e) TRICARE Prime							
		(f) TRICARE Prime F	amily	/ Coi	/erag	ie for	Trai	nsitio	nal As
		(g) TRICARE Senior	Prim	e Ina	lividu	al Co	overa	ige fo	or Retir
		TRICARE Prime							
		Uniformed Services	•						
		Family Health Plan							
		(USFHP)	7 //				6-	4 - (D
		(a) TRICARE USFHI							
		(b) TRICARE USFHI							
		• •							
		(d) TRICARE USFHI	- ran	nily C	over	age	ior I	ransı	tional A

DEERS/Medical Implementation Plan										
Business Rules: Update Individual Enr	ollr	ment Fee Waiver	Inf	orn	nati	ion				
		Coverage Plan								
		0=Optional								
		S=Situational								
		R=Required								
Individual Enrollment Fee Waiver										
Enrollment fee required for this plan		TRICARE Prime	а	b	С					
		(a) TRICARE Prime II								
	_	(b) TRICARE Prime F		•		_				
		(c) TRICARE Prime	for S	urviv	ors (of Ac	tive i	Duty	Dec	eas
		TRICARE Prime								
		Uniformed Services								
		Family Health Plan								
Enrollment fee required for this plan		(USFHP)				d	e			
		(d) TRICARE USFHP	Indi	ividu	al Co		_	r Re	tirea	l Sr
		(e) TRICARE USFHP								
DEERS ID (Subscriber)			R	R	R	R	R			
DEERS ID (Insured)			R	R	R	R	R			
HCDP Access/Update Code				ι	Jpda					
HCDP Type Code			R	R	R	R	R			
HCDP Plan Coverage Code			R	R	R	R	R			
HCDP Enrollment Begin Calendar Date			R	R	R	R	R			
HCDP Enrollment End Calendar Date			R	R	R	R	R	<u> </u>		
							1			
							1			
HCDP Individual Enrollment Fee Waiver Reason			D	_	_	_	_			
Code			R	R	R	R	R			

	Who E	nforces
Business Rules	the	Rules
by Coverage Plan	C=CHCS	
	M=MCSC	
	D=DEERS	3
There are no dates associated with the		
waiver; It can be set or removed as		
necessary and no history is kept on the		
setting of this field.	D	
Sponsors		
Family Members		
mily Members		
Assistance Sponsors and Family Members		
istance Sponsors and Family Members		
ed Sponsors and Family Members		
y Family Members		
amily Members		
al Assistance Sponsors and Family Members		
ssistance Sponsors and Family Members		

	Who E	nforces
Business Rules	the F	Rules
by Coverage Plan	C=CHCS	
, ,	M=MCSC	
	D=DEERS	}
nsors and Family members		
ors and Family Members		
ed Sponsors		
onsors and Family Members		
sors and Family Members		
	D	
The beneficiary that is exempt from paying		
enrollment fees	D D	
	ט	
Current or future coverage plan	D	
The enrollment period identifies which		
enrollment the fee waiver is effective.	D	
The enrollment period identifies which		
enrollment the fee waiver is effective.	D	
The reason for which a beneficiary is waived from paying enrollment fees should be sent to DEERS. This value is used by DEERS to derive the HCDP Enrollment Fee Status Code. This data may also signify why partial or non-payment of enrollment fees are made	C,M	

DEERS/Medical Implementation Plan Business Rules: Disenrollment								
Dusiness Rules. Disemonniert								
	Coverage Plan							
	0=Optional	(DC=D	irect Ca	are, CV=	Civilia	an, Ul	P=US	FHP)
	S=Situational							
	R=Required							
<u>Disenrollment</u>								
Disenionnent								
					L			
]					

DEERS/Medical Implementation Plan									
Business Rules: Disenrollment									
	Coverage Plan								
	0=Optional	(DC=D	irect Ca	are, CV=	:Civilia	an, UI	P=US	SFHP)	
	S=Situational								
	R=Required								
Disenrollment Nofication from DEERS									
Disenrollment performed for all health care plans in									
this group	TRICARE Prime	а							
Disenrollment performed for all health care plans in this group	Uniformed Services Family Health Plan (USFHP)		b						
Disenrollment performed for all health care plans in									
this group	CHCBP			С					
DEERS ID (Insured)		R	R	R					
HCDP Type Code		R	R	R					
HCDP Plan Coverage Code		R	R	R					
HCDP Enrollment Begin Calendar Date		R	R	R					
HCDP Enrollment End Calendar Date		R	R	R					
HCDP Enrollment End Reason Code		R	R	R					

DEERS/Medical Implementation Plan									
Business Rules: Disenrollment									
									_
	Carrage Plan								
	Coverage Plan								
	0=Optional	(DC=D	irect C	are, CV:	=Civili	an, U	P=US	SFHP)	
	S=Situational								
	R=Required								\vdash
Disenrollment - Voluntary/Involuntary									
									Ш
Disenrollment performed for all health care plans in									-
this group	TRICARE Prime	а							
	Uniformed Services								
Disenrollment performed for all health care plans in	Family Health Plan								
this group	(USFHP)		b						-
Discovery many parties and for all backly care plans in									
Disenrollment performed for all health care plans in this group	СНСВР			С					
DEERS ID (Insured)	OHODI	R	R	R					
HCDP Access/Update Code			Updat						
HCDP Type Code		R	R	R					
HCDP Plan Coverage Code		R	R	R					
HCDP Enrollment Management System Identifier		N/A	N/A	N/A					<u> </u>
HCDP Enrollment Begin Calendar Date		R	R	R					<u> </u>
HCDP Enrollment End Calendar Date		R	R	R					-
HCDP Enrollment End Reason Code		Ь	D	Ь					
INCOP ENIONMENT END REASON CODE		R	R	R					-
									<u> </u>

	Who F	nforces
Business Rules		Rules
	C=CHCS	Vuics
by Coverage Plan		
	M=MCSC D=DEERS	
	DEDEERS	
Reasons for disenrollment include: 1) loss of		
eligibility 2) self-elected 3) failure to pay		
enrollment fees 4) involuntary DEERS will set the PCM Selection End		
Calendar Date based on the HCDP		
Enrollment End Calendar Date	_	
	D	
DEERS will set the PCM Selection End Reason Code based on the HCDP		
Enrollment End Reason Code	_	
	D	
DEERS will revert coverage to the DEERS		
assigned health coverage plan starting the		
day following the disenrollment if the	_	
beneficiary is still eligible for coverage	D	
DEERS or the current HCDP Enrollment		
Management System is the only one which	_	
can perform the disenrollment.	D	
Disenrollments can only be performed on	_	
active enrollments.	D	
A disenrollment is usually done for		
individual. The option for family is only		
available, if there is failure to pay fees or at	D	
the request of the sponsor. If a sponsor loses eligibility, all family	טו	
members will be disenrolled from their		
respective programs. Individual disensollments can also be performed for a		
policy.	D	
DEERS will send disenrollment notifications	טו	
to all enrollment management and PCM		
enrolling divisions systems as necessary for		
a policy	D	
DEERS will only send disenrollment	ا ا	
notifications to the last enrollment fee		
system	D	
System	٦	
If a retired sponsor dies, family members will		
not be disenrolled from their coverage plan	C,M,D	
not be discrimined from their coverage plan	U,IVI,D	

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	Who E	nforces				
Business Rules	the Rules					
by Coverage Plan	C=CHCS					
	M=MCSC					
	D=DEERS					
Notification sent by DEERS						
	D					
	D					
current or future enrollment	D					
	D					
	D					
	D					

	Who E	nforces
Business Rules	the F	Rules
by Coverage Plan	C=CHCS	
	M=MCSC	
	D=DEERS	
Notification sent by HCDP Enrollment		
Management System		
If a beneficiary is disenrolled from this		
program due to failure to pay enrollment		
fees, they should not permitted to re-enroll		
If a beneficiary is waived from paying		
enrollment fees, the individual will not be		
disenrolled for this reason		
No notification will be sent from DEERS		
because there is no EDI solution for		
management of these plans.		
No notification will be sent from DEERS		
because there is no EDI solution for		
management of these plans.		
	D	
	D	
	D	
applicable for current enrollment only	D	
Only the system managing the enrollment or		
the enrollment fees can send a		
disenrollment notification. This data is		
obtained by DEERS from the EDI message		
header.	D	
	D D	
"Failure to Pay Fees" reason code can only	٦	
be used for coverage plans which enrollment		
fees apply	D	
المحمد ملكان	1	

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DEERS/Medical Implementation Plan		
Business Rules: Person Updates		
Event and	Data	
Data Flow	Type	
	0=Optional	
	S=Situational	
	R=Required	
Person Information:		
Person Action Code		
DEERS Identifier	R	
Person Last Name	N/A	
Person First Name	N/A	
Mailing Address Date	S	
Mailing Address Line 1 Text	S	
Mailing Address Line 2 Text	0	
Mailing Address City Name	S	
Mailing Address State Code	S	
Mailing Address Country Code	S	
Mailing Address Postal Region Zip Code	S	
Mailing Address Postal Region Zip Extension Code	S	
Home Telephone Number Code	0	
Work Telephone Number Code	0	
Fax Telephone Number Code	0	

Business Rules	Who Er	nforces
	the R	lules
	C=CHCS	
	M=MCSC	
	D=DEERS	;
	D	
name cannot be changed, sent for X12 purposes only		
name cannot be changed, sent for X12 purposes only		
must be included if updating the mailing address information	D	
Required only if address being updated	D	
Depends on length of address		
Required if address being updated	D	
Required if address is in the U.S. and in certain OCUNUS		
locations	D	
Required if address being updated	D	
Required if address is in the U.S. and other countries		
having postal codes	D	
Required if address being updated is in the U.S.	D	

DEERS/Medical Implementation Plan	
Business Rules: Patient Updates	
Event and	Data
Data Flow	Туре
	0=Optional
	S=Situational
	R=Required
Patient Information:	
i ducin information.	
Patient Access/Update Code	R
Patient Identifier	R
Person Identifier	R
Person Identifier Type Code	R
Person Last Name	R
Person First Name	R
Person Middle Name	R
Person Cadency Name	R
Mailing Address Date	S
Mailing Address Line 1 Text	S
Mailing Address Line 2 Text	0
Mailing Address City Name	S
Mailing Address State Code	S
Mailing Address Country Code	S
Mailing Address Destal Design 7in Code	S
Mailing Address Postal Region Zip Code Mailing Address Postal Region Zip Extension Code	S
Home Telephone Number Code	0
Work Telephone Number Code	0
Fax Telephone Number Code	0
Blood Type Code	S
Blood Type Verification Code	S
Blood Type Source Code	S
Organ Donor Code	S
Organ Donor Date	S
Person Death Date	S

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	Who Er	forces
	the R	
	C=CHCS	uies
	M=MCSC D=DEERS	
Possible Patient Updates include:	D-DEERO	
Updating/adding ABO blood group and RH type		
Updating/adding organ donor information		
Updating/adding date of death information		
Updating/adding address changes		
Updating/adding telephone number changes		
or opasing temperature temperature and the second s		
The Patient Id must be used to make updates and corrections to existing Patient		
data.		
The Person Id is used only for person identification. MTF's may not add or		
update sponsor or family member SSNs, this can only be done by personnel		
verifying officials. The Person Id is also used when adding a patient who is not a DoD beneficiary.		
Title 2 55 Soliolistally.	D	
name cannot be changed, sent for information purposes only		
name cannot be changed, sent for information purposes only		
name cannot be changed, sent for information purposes only		
name cannot be changed, sent for information purposes only		
must be included if updating the mailing address information	D	
Required only if address being updated	D	
Depends on length of address		
Required if address being updated	D	
Required if address is in the U.S. and in certain OCUNUS		
locations	D	
Required if address being updated	D	
Required if address is in the U.S. and other countries		
having postal codes	D	
Required if address being updated is in the U.S.	D	
Required if Blood Type information is being updated.	C,D	
Required if Blood Type information is being updated.	C,D	
Required if Blood Type information is being updated.	C,D	
Required if Organ Donor information is being updated.	C,D	
Required if Organ Donor information is being updated.	C,D	
Required if person is deceased.	C,D	

DEERS/Medical Implementation Plan	
Business Rules: Inquiry for Catastrophic Cap	and Deduct
Event and	Data
Data Flow	Туре
	0=Optional
	S=Situational
	R=Required
Inquiry Options:	
Insured Information:	
DEERS Identifier	R
Inquiry Period Information:	
Catastrophic Cap/ Deductible Inquiry Begin Calendar Date	R
Catastrophic Cap/ Deductible Inquiry End Calendar Date	R
Lock Information:	
Catastrophic Cap/ Deductible Lock Access/ Update Code	R
Catastrophic Cap/ Deductible Detail Identifier	R
Catastrophic Cap and Deduciible Detail Type Code	R
Catastrophic Cap/ Deductible Detail Lock Source System Identifier	N/A
Catastrophic Cap/ Deductible Detail Lock Calendar Date	N/A
Catastrophic Cap/ Deductible Detail Lock Time	N/A

DEERS/Medical Implementation Plan Business Rules: Inquiry for Catastrophic Cap	and Deduct
Event and	Data
Data Flow	Туре
	0=Optional
	S=Situational
	R=Required
Response with CC&D totals	
Insured Information:	
DEERS Identifier	
Family Catastrophic Cap and Deductible Totals Information:	
Family Fiscal Year Deductible Cumulative Amount	
Family Fiscal Year Catastrophic Cap Cumulative Amount	
Family CHCBP Fiscal Year Catastrophic Cap Cumulative Amount	
Family CHCBP Fiscal Year Deductible Cumulative Amount	
Fiscal Year Code	
Family Prime Enrollment Year Catastrophic Cap Cumulative Amount	
Family POS Enrollment Year Deductible Cumulative Amount	
Family Prime Enrollment Effective Calendar Date	
Individual Catastrophic Cap and Deductible Totals Information:	
Individual Fiscal Year Deductible Cumulative Amount	
Individual CHCBP Fiscal Year Deductible Cumulative Amount	
Fiscal Year Code	
Individual POS Enrollment Year Deductible Cumulative Amount	
Individual Prime Enrollment Begin Calendar Date	
Individual Prime Enrollment End Calendar Date	

DEERS/Medical Implementation Plan	
Business Rules: Inquiry for Catastrophic Cap	and Deduct
Event and	Data
Data Flow	Туре
	0=Optional
	S=Situational
	R=Required
Lock Information:	
Catastrophic Cap/ Deductible Detail Lock Source System Identifier	
Catastrophic Cap/ Deductible Detail Lock Calendar Date	
Catastrophic Cap/ Deductible Detail Lock Time	

ble Totals	
Business Rules	Who Enforces
	the Rules
	C=CHCS
	M=MCSC
	D=DEERS
Coverage Inquiry for Claims required before CC&D totals may be locked and updates made.	
CC&D totals will be displayed for inquiry period requested, showing family and individual fiscal year totals (Standard, CHCBP, and POS cat caps) and enrollment year totals (Prime and POS deductibles).	
	D
No more than 3 years past eligibility will be shown online. A single date or a date span is allowed.	M,D
No more than 3 years past eligibility will be shown online. A single date or a date span is allowed.	M,D
MCSC must lock the record if the intent is to update CC&D amounts. DEERS will then lock the subscriber and all associated insured family member's cat cap and deductible totals and prevent updates from other entities during the lock period. The detail identifier and type code are used as the key for unlocking totals.	
	M,D
	M,D
Specifies type of update: claim, enrollment fee, or adjustment.	M,D
Derived by DEERS from EDI header information	D
Derived by DEERS from EDI header information	D
Derived by DEERS from EDI header information	D

ble Totals	
Business Rules	Who Enforces
	the Rules
	C=CHCS
	M=MCSC
	D=DEERS
	D
Both family and individual totals will be shown in the response.	
Zeros will be shown if there are no dollar amounts for inquiry period.	
	D
	D
	D
	D
	D
	D
	D
	D
Both family and individual totals will be shown in the response. Zeros will be shown if there are no dollar amounts are for inquiry period. Individual totals are given for the requested individual insured.	
	D
	D
	D
	D
	D
	D

ble Totals	
Business Rules	Who Enforces
	the Rules
	C=CHCS
	M=MCSC
	D=DEERS
Note: Continuing a lock requires a separate CC&D totals inquiry. These fields will be blank, if not locked.	
	D
	D
	D

Event and Data Flow Update CC&D amounts Insured Information: DEERS Identifier Lock Removal Information: Cap and Event and Data Flow	Deductible Data Type 0=Optional S=Situational R=Required R
Update CC&D amounts Insured Information: DEERS Identifier Lock Removal Information:	Type 0=Optional S=Situational R=Required
Update CC&D amounts Insured Information: DEERS Identifier Lock Removal Information:	0=Optional S=Situational R=Required
Insured Information: DEERS Identifier Lock Removal Information:	S=Situational R=Required
Insured Information: DEERS Identifier Lock Removal Information:	R=Required R=Required
Insured Information: DEERS Identifier Lock Removal Information:	R
Insured Information: DEERS Identifier Lock Removal Information:	
Insured Information: DEERS Identifier Lock Removal Information:	
DEERS Identifier Lock Removal Information:	
DEERS Identifier Lock Removal Information:	
Lock Removal Information:	
	R
Catastrophic Cap/ Deductible Lock Access/Update Code	R
the section of the se	
Catastrophic Cap/ Deductible Detail Identification Information:	
Catastrophic Cap/ Deductible Detail Identifier	R
Catastrophic Cap/ Deductible Detail Extension Identifier	0
Catastrophic Cap/ Deductible Detail Type Code	R
Catastrophic Cap and Deductible Update Information:	
Fiscal Year Deductible Payment Amount	S
Fiscal Year Catastrophic Cap Payment Amount	S
CHCBP Fiscal Year Catastrophic Cap Payment Amount	S
CHCBP Fiscal Year Deductible Payment Amount	S
Fiscal Year Code	S
Prime Enrollment Year Catastrophic Cap Payment Amount	S
POS Enrollment Year Deductible Payment Amount Enrollment Year Catastrophic Cap/ Deductible Payment Calendar Date	S
Catastrophic Cap/ Deductible Detail Update Source System Identifier	N/A

Totals		
Totals		
Business Rules	Who Enforces	
	the Rules	
	C=CHCS	
	M=MCSC	
	D=DEERS	
MCSC must perform a Coverage Inquiry for Claims and Inquire and Lock CC&D totals before updating CC&D amounts.		
	D	
The MCSC may elect to lock or not unlock the totals. If the MCSC wishes only to remove the lock, they must do so with this update. They would indicate to remove the lock and send a zero update dollar amount.		
Indicate whether to remove or not remove a lock.	M, D	
	, _	
The extension identifier is used for split fiscal year claims	M, D M	
	M, D	
Claim updates include adding new amounts, "adjusting a claim" (sending an update with the net change), and "cancels" (sending an update with the exact negative amount of claim). At least one payment amount must be sent with the update, even if a zero amount.		
At least one payment amount must be sent with the update.	М	
At least one payment amount must be sent with the update.	М	
At least one payment amount must be sent with the update.	М	
At least one payment amount must be sent with the update.	М	
Year required if fiscal year updates are made	M, D	
At least one payment amount must be sent with the update.	M	
At least one payment amount must be sent with the update.	M	
Month and Year required if enrollment year updates are made. DEERS will only accept the month and year corresponding for the update. This date cannot be more than 3 years past loss of eligibility.	M, D	
DEERS derived from the EDI Header. Catastrophic Cap/ Deductible Detail Update Source System Identifier must be the same as the Catastrophic Cap/ Deductible Detail Lock Source System Identifier or an error will occur. If the organization who locked the record isn't the same as the current organization	D	
updating the record, DEERS will not accept the update.		

DEERS/Medical Implementation Plan	
Business Rules: NAS Inquiry	
Event and	Data
Data Flow	Туре
	0=Optional
	S=Situational
	R=Required
Inquiry Options:	
Person Info:	
Person/Family Transaction Type Code	N/A
Person Type Code	S
Inquiry Person Identifier	S
Person Identifier Type Code	S
Decree Levi Mana	
Person Last Name	0
Person Birthdate	0
or just the	
or just the	
DEERS ID	s
or just the	
5. j ast and	
Patient ID	S
and	
NAS Information:	
NAS Access/Update Code	R
NAS Inquiry Begin Calendar Date	S
and	
NAS Inquiry End Calendar Date	S
or just the	
NAS Identifier	S

DEERS/Medical Implementation Plan	
Business Rules: NAS Inquiry	
Event and	Data
Data Flow	Туре
	0=Optional
	S=Situational
	R=Required
Response to NAS Inquiry	
Sponsor Info:	
NAS Sponsor SSN Identifier	
NAS Sponsor Surname Text	
NAS Sponsor Forename Text	
NAS Sponsor Middle Name Text	
NAS Sponsor Cadency Name	
NAS Sponsor Service Branch Classification Code	
Patient Info:	
DEERS Identifier	S
Patient Identifier	S
NAS Patient Surname Text	
NAS Patient Forename Text	
NAS Patient Middle Name Text	
NAS Patient Cadency Name	
NAS Patient Birth Calendar Date	
NAS Patient Sex Code	
NAS Patient Mailing Address Line 1 Text	
NAS Patient Mailing Address Line 2 Text	
NAS Patient Mailing Address City Name	
NAS Patient Mailing Address State Code	
NAS Patient Mailing Address Country Code	
NAS Patient Mailing Address Postal Region Zip	
Code	
NAS Patient Mailing Address Postal Region Zip	
Extension Code	
NAS Information:	
NAS Identifier	
NAS Identifier Type Code	
NAS Status Code	
NAS Diagnostic Category Code	
NAS Patient Category Code	
NAS Issue Reason Code	
NAS Issuing Facility DMIS Identifier	
NAS Issuing Service Branch Classification Code	
NAS Issue Calendar Date	
NAS Cancel Calendar Date	
NAS Issuing Official Surname Text	
NAS Issuing Official Forename Text	
NAS Issuing Official Middle Name Text	
NAS Issuing Official Rank Text	
NAS Issuing Official Title Text	
NAS Admitting Treatment Facility Calendar Date	
NAS Admitting Treatment Facility Name	

DEERS/Medical Implementation Plan	
Business Rules: NAS Inquiry	
Event and	Data
Data Flow	Type
	0=Optional
	S=Situational
	R=Required
NAS Medically Inappropriate Treatment Facility	
DMIS Identifier	
NAS Medically Inappropriate Mileage Quantity	
NAS Medically Inappropriate Reason Code	
NAS Medically Inappropriate Treatment Facility	
Mailing Address City Name	
NAS Medically Inappropriate Treatment Facility Mailing Address State Code	
NAS Medically Inappropriate Treatment Facility	
Mailing Address Country Code	
NAS Medically Inappropriate Treatment Facility	
Mailing Address Postal Region Zip Code	
NAS Medically Inappropriate Treatment Facility	
Mailing Address Postal Region Zip Extension	
Code	
NAS Remark Text	
OHI Indicator	

Dueines Dules	\A/I E	
Busines Rules		nforces
	the I	Rules
	C=CHCS	
	M=MCSC	
	D=DEERS	<u> </u>
Both Person and NAS information is required		
Derived by DEERS; Always individual; family inquiry is not appropriate	D	
Only used in conjunction with the Person Id and Person ID Type Code; Identifies if	D	
person information is for sponsors or family members; Required if no DEERS or		
Patient Id	D	
Only used in conjunction with the Person Type Code and Person Id Type Code;		
Required if no DEERS or Patient Id	D	
Only used in conjunction with the Person Type Code and Person Id; Required if no		
DEERS or Patient Id	D	
Optional but recommended, insures correct person identification; Used in conjuction		
with the Person Type Code, Person Id, and Person Id Type Code; Not used with the		
DEERS Id or Patient Id		
Optional but recommended, insures correct person identification; Used in conjuction		
with the Person Type Code, Person Id, and Person Id Type Code; Not used with the		
DEERS Id or Patient Id		
or		
DEERS Id required if no Person information or Patient Id; can be sponsor or other		
family member	D	
•		
Patient Id required if no Person information or DEERS Id; can be sponsor or other		
family member	D	
Inquire; NAS can be requested by using a time period or the specific NAS Identifier	D	
Required if no NAS Identifier is used; Required in conjunction with the NAS Inquiry		
Begin Calendar Date; NAS Inquiry Begin Calendar Date must be equal or less than		
NAS Inquiry End Calendar Date	D	
Described if we NIAC Identifies is used. Described in socionation with the NIAC Law in		
Required if no NAS Identifier is used; Required in conjunction with the NAS Inquiry		
End Calendar Date; NAS Inquiry End Calendar Date must be equal or greater than		
NAS Inquiry Begin Calendar Date	D	
Required if no NAS Inquiry Begin / End Calendar Dates are supplied	D	
required if the time inquiry begins and calcinual bales are supplied	שו	

Busines Rules	Who Enforces	
		ne Rules
	C=CH(
	M=MC	
	D=DEI	-RS
If the DEEDS Id was used in the inquiry, it will be returned in the response		
If the DEERS Id was used in the inquiry, it will be returned in the response If the Patient Id was used in the inquiry, it will be returned in the response		
in the realient to was asea in the inquiry, it will be retarned in the response		
Identifies if number is from old DEERS or redesigned DEERS		
Indentines in number is nom our DEEKS of Tedesigned DEEKS		
If Medically Inappropriate, certain information must be provided		
Effective Date of the NAS;used in claims processing for service date of claim		
Only appears if the NAS has been cancelled		
Represents Rank or Grade depending on Official		
-1 -1		
Only appears if NAS was issued retroactively		
Only appears if NAS was issued retroactively		

Busines Rules	Who E	nforces
	the I	Rules
	C=CHCS	
	M=MCSC	
	D=DEERS	
Only appears if NAS was issued for a Medically Inappropriate Reason; Facility information derived from DMIS Id		
Only appears if NAS was issued for a Medically Inappropriate Reason		
Only appears if NAS was issued for a Medically Inappropriate Reason		
Only appears if NAS was issued for a Medically Inappropriate Reason		
Only appears if NAS was issued for a Medically Inappropriate Reason		
Only appears if NAS was issued for a Medically Inappropriate Reason		
Only appears if NAS was issued for a Medically Inappropriate Reason		
Only appears if NAS was issued for a Medically Inappropriate Reason		
Set by DEERS if OHI information exists for Issue Date. To obtain the OHI		
information, a separate OHI inquiry should be done.		

DEERS/Medical Implementation Plan		
Business Rules: Issue NAS		
Event and	Data	i
Data Flow	Туре	
Data Flow		
	0=Optional	
	S=Situational R=Required	
	R=Required	<u> </u>
		+
Issue NAS		
Sponsor Info:		
NAS Sponsor SSN Identifier	R	
NAS Sponsor Surname Text	R	
NAS Sponsor Forename Text	R	
NAS Sponsor Middle Name Text	0	
NAS Sponsor Cadency Name	0	
NAS Sponsor Service Branch Classification Code	R	
Patient Info:		
Patient Id	R	
NAS Information:		
NAS Access/Update Code	R	
NAS Identifier	N/A	
NAS Issue Type Code	R	
NAS Status Code	N/A	
NAS Diagnostic Category Code	R	
NAS Patient Category Code	R	
TWO T dilotte datagory dodo	- 1	
NAS Issue Reason Code	R	
NAS Issuing Facility DMIS Identifier	R	
NAS Issuing Service Branch Classification Code	N/A	
NAS Issue Calendar Date	R	
NAS Cancel Calendar Date	N/A	-
NAS Issuing Official Surname Text	R	-
NAS Issuing Official Forename Text	R	-
NAS Issuing Official Middle Name Text	0	
NAS Issuing Official Rank Text	R	-
NAS Issuing Official Title Text	R	
NAS Admitting Treatment Facility Calendar Date	S	
NAS Admitting Treatment Facility Name	S	+
NAS Admitting Treatment Facility Name	3	
NAS Medically Inappropriate Treatment Facility		
DMIS Identifier	S	

DEERS/Medical Implementation Plan		
Business Rules: Issue NAS		
Event and	Data	
Data Flow	Type	
	0=Optional	
	S=Situational	
	R=Required	
NAS Medically Inappropriate Mileage Quantity	S	
NAS Medically Inappropriate Reason Code	S	
NAS Medically Inappropriate Treatment Facility Mailing Address City Name	N/A	
NAS Medically Inappropriate Treatment Facility Mailing Address State Code	N/A	
NAS Medically Inappropriate Treatment Facility Mailing Address Country Code	N/A	
NAS Medically Inappropriate Treatment Facility Mailing Address Postal Region Zip Code	N/A	

DEERS/Medical Implementation Plan			
Business Rules: Issue NAS			
Event and	Data	Ī	
Data Flow	Туре		
	0=Optional		
	S=Situational		
	R=Required		
NAS Medically Inappropriate Treatment Facility Mailing Address Postal Region Zip Extension Code	N/A		
γ γ	·	Ī	
NAS Remark Text	0		
Response to NAS Issuance		4	
Patient Info:		1	
NAS Patient Identifier			
NAS Information:		1	
NAS Identifier		t	
OHI Indicator			

Business Rules	Who Enforces
Business itales	the Rules
	C=CHCS
	M=MCSC D=DEERS
	D-DEERO
DEERS does not determine the time period for	
which a NAS is effective	
	D
	D
	D
ld of beneficiary	D
Add	D
Generated by DEERS using the Issue Date, Issuing	
DMIS, and Issue Type; NAS Identifier will be	
returned in NAS acknowledgment	
Used to identify if a regular, chronic, retroactive, or	0.5
chronic retroactive NAS	C,D
Default; Derived by DEERS DEERS will validate these codes.	CD
The Issuing Facility is responsible for validating this	C,D
field. DEERS will not validate these codes.	С
If Medically Inappropriate, certain information must	C
be provided	С
DEERS will validate the Issuing Facility is an	
authorized site for issuing NAS.	C,D
Derived by DEERS from NAS Issuing Facility DMIS	0,5
Identifier	D
Effective Date of the NAS;used in claims	
processing for service date of claim	С
Only appears if the NAS has been cancelled	
7 11	С
	С
	С
Represents Rank or Grade depending on Official	С
	С
Supplied if NAS issued retroactively	С
Supplied if NAS issued retroactively	С
Only appears if NAS was issued for a Medically	
Inappropriate Reason, Facility information derived	
from DMIS Id	C,D

				T
Business Rules	٧	Who Enforces		
		the F	Rules	
	C=	:CHCS		
	M=	=MCSC		
	D=	DEERS	i	
Only appears if NAS was issued for a Medically				Ī
Inappropriate Reason	С			
Only appears if NAS was issued for a Medically				
Inappropriate Reason	С			
Derived by DEERS from NAS Medically				
Inappropriate Treatment Facility DMIS Identifier	D			
Derived by DEERS from NAS Medically				
Inappropriate Treatment Facility DMIS Identifier	D			
Derived by DEERS from NAS Medically				
Inappropriate Treatment Facility DMIS Identifier	D			
Derived by DEERS from NAS Medically				
Inappropriate Treatment Facility DMIS Identifier	D			

Business Rules	Who E	nforces
	the Rules	
	C=CHCS	
	M=MCSC	
	D=DEERS	3
Derived by DEERS from NAS Medically Inappropriate Treatment Facility DMIS Identifier	D	
All OHI information should be supplied using the OHI inquiry/update transactions. DEERS will not validate or track OHI information from NAS.	С	
This is the same id sent to issue the NAS; can be sponsor or other family member		
Generated and maintained by DEERS		
Set by DEERS if OHI information exists for Issue Date. To obtain the OHI information, a separate OHI inquiry should be done.		

DEERS/Medical Implementation Plan		
Business Rules: Cancel NAS		
Event and	Data	
Data Flow	Туре	
	0=Optional	
	S=Situational	
	R=Required	
Cancel NAS		
Patient Info:		
Patient Identifier	R	
NAS Information:		
NAS Access/Update Code	R	
NAS Identifier	R	
NAS Status Code	N/A	
NAS Issuing Facility DMIS Identifier	R	
NAS Issue Calendar Date	R	
NAS Cancel Calendar Date	R	

D 1 D 1		
Business Rules	Who Er	ntorces
	the R	Rules
	C=CHCS	
	M=MCSC	
	D=DEERS	
	D	
Cancel	О	
	D	
DEERS will set the status of this field to Cancel		
when this transaction is performed.	D	
DEERS will validate this facility equals the Issuing		
Facility; Only the facility that issued the NAS can		
cancel it	D	
Must match the original NAS Issue Calendar Date	D	
Sent by the facility canceling the NAS; cannot be		
prior to the NAS Issue Calendar Date	D	

DEEDS/Modical Implementation Plan	
DEERS/Medical Implementation Plan	
Business Rules: OHI Inquiry	
Event and	Data
Data Flow	Туре
Data 1 10W	0=Optional
	S=Situational
	R=Required
	T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-
Inquiry Information:	
DEERS Identifier	S
OR	
Patient Identifier	S
OHI Information:	
OHI Inquiry Begin Calendar Date	S
OHI Inquiry End Calendar Date	S
OR	
OHI Carrier Identifier	S
OHI Policy Identifier	S
OHI Coverage Indicator Code	S
OHI Inquiry Response:	
DEERS Identifier	
OR	
Patient Identifier	
OUI Operation I the officer	
OHI Carrier Identifier	
OHI Policy Identifier	
OHI Last Update System Name	
OHI Last Update Date OHI Policyholder Person Association Reason Code	
OHI Policyholder Last Name	
OHI Policyholder First Name	
OHI Policyholder Middle Name	
OHI Policyholder Identifier	
OHI Effective Calendar Date	
OHI Expiration Calendar Date	
OHI Medical Coverage Indicator Code	
OHI Dental Coverage Indicator Code	
OHI Inpatient Hospital Coverage Indicator Code	
OHI Outpatient Hospital Coverage Indicator Code	
OHI Long Term Care Coverage Indicator Code	
OHI Pharmacy Coverage Indicator Code	
OHI Mental Health Coverage Indicator Code	
OHI Vision Coverage Indicator Code	
OHI Group Plan Name	
OHI Group Plan Identifier	
	<u> </u>

DEERS/Medical Implementation Plan Business Rules: OHI Inquiry	
Event and	Data
Data Flow	Туре
	0=Optional
	S=Situational
	R=Required
OHI Group Employer Name	
OHI Group Employer Mailing Address Line 1 Text	
OHI Group Employer Mailing Address Line 2 Text	
OHI Group Employer Mailing Address City Name	
OHI Group Employer Mailing Address State Code	

Business Rules	Who En	force
	the R	ules
	C=CHCS	
	M=MCSC	
	D=DEERS	
	2 222.10	
Other Health Insurance (OHI) identifies non-DoD health insurance.		
OHI transactions allow adding, updating, or viewing all OHI information.		
OHI updates can accompany enrollments or be performed alone.		
Of it appeares can accompany enforments of be performed alone.		
Dequired for undeten if the Detient ID is not used	C D	
Required for updates if the Patient ID is not used.	C,D	
Required for update if DEERS ID is not used.	C,D	
Required to inquire on OHI policies within a date range.	C,D	
Required to inquire on OHI policies within a date range.	C,D	
Required to inquire on a specific OHI policy.	C,D	
Required to inquire on a specific OHI policy.	C,D	
Required to inquire on a specific OHI policy.	C,D	
If the DEERS Id is sent to DEERS, the DEERS Id will be returned.	C,D	
If the Patient Id is sent to DEERS, the Patient Id will be returned.	C,D	
Derived by DEERS from the message	D	
Derived by DEERS from the message	D	
Returned if this coverage is provided by this OHI policy		
Returned if this coverage is provided by this OHI policy		
Returned if this coverage is provided by this OHI policy		
Returned if this coverage is provided by this OHI policy		
Returned if this coverage is provided by this OHI policy		
Returned if this coverage is provided by this OHI policy		
Returned if this coverage is provided by this OHI policy		
Returned if this coverage is provided by this OHI policy		

Business Rules	Who Er	nforces
	the R	ules
	C=CHCS	
	M=MCSC	
	D=DEERS	

DEERS/Medical Implementation Plan	
Business Rules: OHI Update	
Event and	Data
Data Flow	Туре
	0=Optional
	S=Situational
	R=Required
Insured Information:	
DEERS Identifier	S
OR	
Patient Identifier	S
OHI Update Information:	
OHI Access/Update Code	R
OHI Carrier Identifier	R
OUR Deliver Manuffers	
OHI Policy Identifier	R
OHI Policyholder Person Association Reason Code	R
OHI Policyholder Last Name	R
OHI Policyholder First Name	R
OHI Policyholder Middle Name	0
OHI Dalta kalda da arra	s
OHI Policyholder Identifier	3
OHI Effective Calendar Date	R
OHI Expiration Calendar Date	R
Of it Expiration Galeridal Date	T IX
OHI Medical Coverage Indicator Code	S
OHI Dental Coverage Indicator Code	S
OHI Inpatient Hospital Coverage Indicator Code	S
OHI Outpatient Hospital Coverage Indicator Code	S
OHI Long Term Care Coverage Indicator Code	S
OHI Pharmacy Coverage Indicator Code	S
OHI Mental Health Coverage Indicator Code	s
OHI Vision Coverage Indicator Code	S
OHI Group Plan Name	0
OHI Group Plan Identifier	0
OHI Group Employer Name	0
OHI Group Employer Mailing Address Line 1 Text	0

DEERS/Medical Implementation Plan Business Rules: OHI Update	
Busiliess Rules. Oni Opuale	
Event and	Data
Data Flow	Type
	0=Optional
	S=Situational
	R=Required
OHI Group Employer Mailing Address Line 2 Text	0
OHI Group Employer Mailing Address City Name	0
OHI Group Employer Mailing Address State Code	0
OHI Group Employer Mailing Address Country Code	0
OHI Group Employer Mailing Address Postal Region ZIP Code	0
OHI Group Employer Mailing Address Postal Region ZIP Extension Code	0
OHI Group Employer Telephone Number Code	0

Business Rules	Who En	forces
	the R	ules
	C=CHCS	
	M=MCSC	
	D=DEERS	
Other Health Insurance (OHI) identifies non-DoD health insurance.		
OHI transactions allow adding, updating, or viewing all OHI information.		
OHI updates can accompany enrollments or be performed alone.		
Required for updates if the Patient ID is not used.	D	
Required for update if DEERS ID is not used.	D	
Troquired for apadie if DEETTO ID is flot asea.		
	D	
ADD: Required to Add a new OHI policy;		
UPDATE: Sent to identify an OHI policy and cannot be updated; Validated		
with the Standard Insurance Table (SIT)	D	
ADD: Required to Add a new OHI policy;		
UPDATE: Sent to identify an existing OHI policy and cannot be updated	D	
	C,M	
	C,M	
	C,M	
Recommended if known for the policyholder; may be different from the	0.14	
DEERS beneficiary	C,M	
ADD: Required to Add a new OHI policy;	D	
UPDATE: Sent to identify an existing OHI policy and cannot be updated	D	
Required to Add a new OHI policy and may be updated	D	
At least one coverage indicator must be set for the OHI policy; Specify if this coverage is provided by this OHI policy	C,M,D	
At least one coverage indicator must be set for the OHI policy; Specify if this	C,IVI,D	
coverage is provided by this OHI policy	C,M,D	
At least one coverage indicator must be set for the OHI policy; Specify if this	-,,=	
coverage is provided by this OHI policy	C,M,D	
At least one coverage indicator must be set for the OHI policy; Specify if this		
coverage is provided by this OHI policy	C,M,D	
At least one coverage indicator must be set for the OHI policy; Specify if this		
coverage is provided by this OHI policy	C,M,D	
At least one coverage indicator must be set for the OHI policy; Specify if this	CMD	
coverage is provided by this OHI policy At least one coverage indicator must be set for the OHI policy; Specify if this	C,M,D	
coverage is provided by this OHI policy	C,M,D	
At least one coverage indicator must be set for the OHI policy; Specify if this	J,1V1,D	
coverage is provided by this OHI policy	C,M,D	
<u> </u>	C,M	
	C,M	
	C,M	
	C,M	

Business Rules	Who Enforces
	the Rules
	C=CHCS
	M=MCSC
	D=DEERS
	C,M

DEERS/Medical Implementation Plan		
Business Rules: OHI Cancel		
Event and	Data	
Data Flow	Туре	
	0=Optional	
	S=Situational	
	R=Required	
Insured Information:		
DEEDO Haverage	R	
DEERS Identifier	K	
OR Patient Identifier	R	
Patient identifier	K	
OHI Cancel Information:		
orn dunder information.		
OHI Carrier Identifier	R	
CTI CUITO TUOTILITO		
OHI Policy Identifier	R	
OHI Effective Calendar Date	R	
OHI Expiration Calendar Date	R	
OHI Action Code	R	

Business Rules	Who Enforces	
	the Rules	
	C=CHCS	
	M=MCSC	
	D=DEERS	
Other Health Insurance (OHI) identifies non-DoD health insurance.		
An OHI policy can be cancelled if the OHI should not have been added		
to the person.		
OHI updates are used to correct data on an existing OHI policy.		
Required for updates if the Patient ID is not used.	D	
Required for update if DEERS ID is not used.	D	
Described to identify the Ollhanking being consolled Melideted with the		
Required to identify the OHI policy being cancelled. Validated with the	0 14 5	
Standard Insurance Table (SIT)	C, M, D	
Required to identify the OHI policy being cancelled. Validated with the		
Standard Insurance Table (SIT)	C, M, D	
Required to identify the OHI policy being cancelled.	C, M, D	
Required to identify the OHI policy being cancelled.	C, M, D	
Required to identify the OHI policy being cancelled.	C,M,D	

DEERS/Medical Implementation Plan	
Business Rules: SIT Inquiry	
Event and	Data
Data Flow	Туре
	0=Optional
	S=Situational
	R=Required
Inquiry Information:	
SIT Carrier Identifier	S
OR	
Insurance Company Name	S
insurance Company State	S
AND	
SIT Access/Update Type Code	S
CIT In acciona De con con con	
SIT Inquiry Response:	
SIT Information:	
SIT Carrier Identifier	
SIT Plan Name	
SIT Plan Mailing Address Line 1 Text	
SIT Plan Mailing Address Line 2 Text	
SIT Plan Mailing Address City Name	
SIT Plan Mailing Address State Code	
SIT Plan Mailing Address Postal Region Zip Code	
SIT Plan Mailing Address Postal Region Zip Extension Code	
SIT Plan Telephone Number Code	
SIT Plan Fax Telephone Number Code	

During a Dula	Who Er	
During a Dula	Who Er	
During a Dula	Who Er	
Business Rules		nforces
	the R	ules
	C=CHCS	
	M=MCSC	
	D=DEERS	
The Standard Insurance Table (SIT) is maintained in DEERS by the DoD S validation agency.	IT	
A copy of the SIT is maintained locally by CHCS sites. There are two action	ns	
that can be taken: an inquiry to verify a carrier for assignment of an OHI po to a patient, or to report an update to SIT information for validation by the C SIT validation agency.		
err validation agonoy.		
Required for an inquiry to view a specific Insurance Company the SIT Carrilld is known.	er C,D	
Required for an inquiry to view an specific Insurance Company when the Carrier Id is not known and the Company Name is known.	C,D	
Required for an inquiry when only the Company Name is known. This name the search critieria.	· ·	
Required to identify the type of inquiry.	C,D	

DEERS/Medical Implementation Plan	
Business Rules: SIT Update	
Event and	Data
Data Flow	Туре
	0=Optional
	S=Situational
	R=Required
SIT Undate:	
SIT Update: SIT Identifying Information:	
OTT IGORILYING INFORMACION.	
SIT Carrier Identifier	S
OR	
DEERS Temporary Carrier Identifier	S
AND	3
SIT Access/Update Type Code	R
SIT Information:	
SIT Plan Name	R
SIT Plan Mailing Address Line 1 Text	S
SIT Dian Mailing Address Line 2 Tout	S
SIT Plan Mailing Address Line 2 Text	3
SIT Plan Mailing Address City Name	S
,	
SIT Plan Mailing Address State Code	S
SIT Plan Mailing Address Country Code	S
SIT Plan Mailing Address Postal Region Zip Code	S
OTT Fram Maining Address Fostal Region Zip Gode	
SIT Plan Mailing Address Postal Region Zip Extension Code	S
SIT Plan Telephone Number Code	S

DEERS/Medical Implementation Plan	
Business Rules: SIT Update	
Event and	Data
Data Flow	Type
	0=Optional
	S=Situational
	R=Required
SIT Plan Fax Telephone Number Code	S

Business Rules	Who Enforces the Rules C=CHCS	
	M=MCSC	
	D=DEERS	
	D=DEEKS	
The Standard Incurence Table (SIT) is maintained in DEEDS by the		
The Standard Insurance Table (SIT) is maintained in DEERS by the DoD SIT validation agency.		
A copy of the SIT is maintained locally by user sites. There are two actions that can be taken: an inquiry to verify a carrier for assignment of an OHI policy to a person, or to report an update to SIT information for validation by the DoD SIT validation agency.		
Carrier Id is obtained from an inquiry to the local SIT - if the Carrier is not resident on the SIT		
DEERS will provide the DEERS Temporary Carrier Id.	C,D	
Required if the Carrier is being added or updated and has not been validated by the DoD SIT validation agency.	C,D	
	D	
	C,D	
ADD: Required to Add a new Carrier to the SIT		
UPDATE: Sent if it is part of the data being updated for a Carrier in the		
SIT	C,D	
ADD: Required to Add a new Carrier to the SIT		
UPDATE: Sent if it is part of the data being updated for a Carrier in the		
SIT	C,D	
ADD: Required to Add a new Carrier to the SIT		
UPDATE: Sent if it is part of the data being updated for a Carrier in the SIT	C,D	
ADD: Required to Add a new Carrier to the SIT		
UPDATE: Sent if it is part of the data being updated for a Carrier in the		
SIT	C,D	
ADD: Required to Add a new Carrier to the SIT		
UPDATE: Sent if it is part of the data being updated for a Carrier in the		
SIT	C,D	
ADD: Required to Add a new Carrier to the SIT		
UPDATE: Sent if it is part of the data being updated for a Carrier in the SIT	C,D	
ADD: Required to Add a new Carrier to the SIT	 	
UPDATE: Sent if it is part of the data being updated for a Carrier in the SIT	C,D	
ADD: Required to Add a new Carrier to the SIT		
UPDATE: Sent if it is part of the data being updated for a Carrier in the		
SIT	C,D	

Business Rules	Who Er	forces
	the Rules	
	C=CHCS	
	M=MCSC	
	D=DEERS	
ADD: Required to Add a new Carrier to the SIT		
UPDATE: Sent if it is part of the data being updated for a Carrier in the		
SIT	C,D	